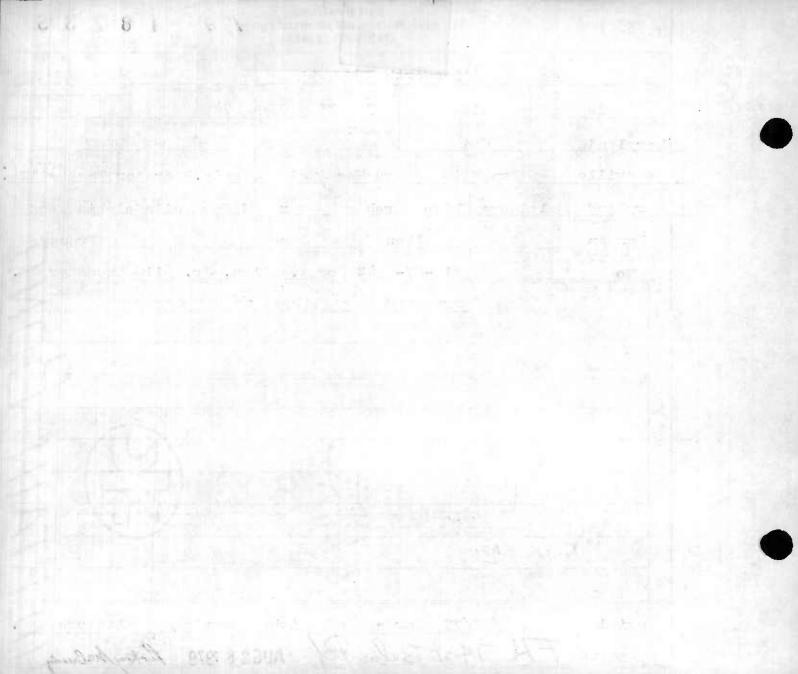
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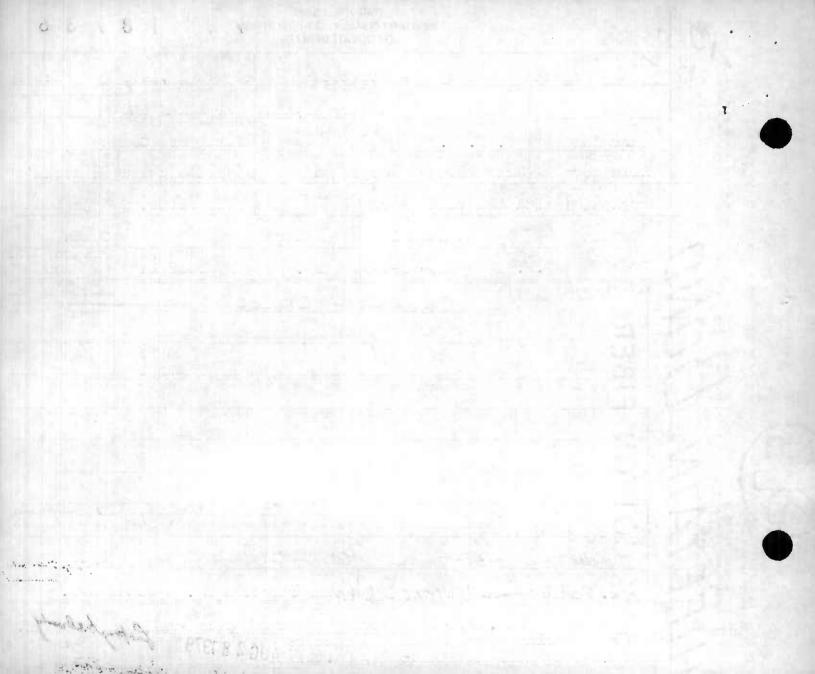
- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS



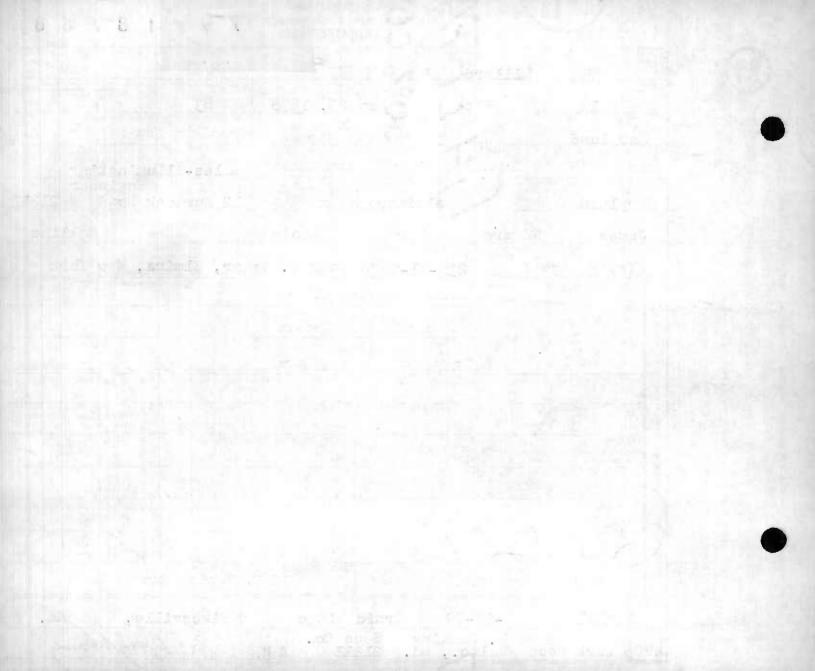
	1	- STATE REGISTRAR			FICATE OF DEATH	REG. N	1 0		5 0
2	1. 0	ECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		Y YEAR	2b. HOUR
2	1	Jonatl	nan Henr	y Apple	estein	August 25	,1979		3:30Pm
	3 5	EX	4 RACE	MONI		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	L	Male	White		ary 13,191				
0	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_		
1		Maryland CITY OR TOWN OF DEATH	U.S.A			Baltimor			MD.
00	0 7	/illa Nova	7219 Pri	nce Georg	or other institution je Road	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Departmen	OF WORKING LIFE)	INDUSTRY	lecht's
3!	130	VAL RESIDENCE (IF NURSING HOM) STATE Aryland Ba.	COR OTHER INSTITUTION, GIVE RE UNITY 131 CL Ltimore Vi	SIDENCE BEFORE ADMISSION ITY OR TOWN NOVA	13d INSIDE CITY LIMITS?	7219 Pri	nce G	eorge	Road
03	14	Joshua	App	lestein	15 MOTHER'S MAIDEN N PIRST Dora	* WIDDLE	6	Cohê	
1	160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) YES W		OCIAL SECURITY NO. 18-05-999	9 Mrs. Jo	an Applest	ein	Prin	rce Geo. Road
		18 CAUSE OF DEATH (Enter	only one couse per line fo	or (0), (b), and (c)		, , , , , , , , , , , , , , , , , , , ,		APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAL	ISED BY:	Carcinoma	of Stom	ach.		T	YK
injury, or other	NOI	couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICAN	(c)	CONSEQUENCE OF	NOT RELATED TO THE TER	minal disease or con	IDITION GIVEN	IN PART 1	0)
0	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b IF YES, V IN CERTIFYIN YES [NG CAUSES	
or item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMIN	IER) P.M.	MONTH DAY YEAR 19	21c. HOW INJURY OCCUI		RY IN ITEM 18, PART	1 OR PART 2]	
	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJ	TURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n ZI IS mo			0-10	19.79.	nd that in (my) (our) apinior	to, to	,	and from the	
		22b. SIGNATURE Lawren	e folo	mon ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		8/27	
MPORTANT		22d. PHYSICIAN'S NAME (TYPE Dr. Davie	1	vrence Solo	22e. ADDRESS Morkeisters		s Slad	e Ave	≥.
71		BURIAL, CREMATION, REMOV (SPECIFY) CREMATION	Aug. 27,1	979 Westy	cemetery or crematory	al Catonsv	ill a B	11/4	Bella.
6	24	FUNERAL DIRECTOR Lor: NAME Liberty	ing Byers	Funeral D	oirectors 550. DA	TE REC'D BY POPPERAR	25b.	IGNA	TURE.
	1	3728 Liberty	Road Rand	allstown,	Md. 21138	16 20 10.0			



12			FOR	DEI		EALTH AND MENTAL HY	GIENTE CO	1 0	7 7	2 7
1.	ran gal HQ S	1.	STATE REGISTRAR			CATE OF DEATH	REG N	1 0	/	, /
.,	_		CEASED NAME FIRST	MIDDLE	L/	AST		MONTH DAY	YEAR	2b. HOUR
	(MAI)	TITLE	EARL	E.	AR	THUR , Sr.		08 03	79	8:00R
	LIMIT	3. SE		4 RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF L	JNDER I YEAR	IF UNDER 24 HRS
	N 11	(7	ALE	STIKW	MAY	0.00 1.01	68	YRS	VIHS OAYS	HOURS MIN
			RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUR	NTRY? 8 MARRIED	1	9 BALTIMORE CITY C		DEATH	
	oneral at one		ARYLAND	V.S. A.	WIDOWE	D DIVORCED	TOUCO	4		MD.
The second	by the further describing the further describing with the further describing to the further describing to the further described to the further des	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
201			ALTIMORE	6/UI N. C	HAKLES_	STREET	PLASTER		41	RACTOR
MARYLAND 21201	24 hou filled in build be must be	130 S	AL RESIDENCE (IF NURSING HOME OR TATE NO COUN	OTHER INSTITUTION, GIVE RESIDENCE ITY OF	E BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS		0	
AN	0 4 5	D	ARYLAND	BALT	i MORZ	YES NO	6510 EF	STERN	PKU	UY.
ARYI	pletely nd 2 sh	14 FA	THER'S NAME	AIOOLE LAS		15. MOTHER'S MAIDEN N	WIOOFE	0	LAS	Ti.
	E o OSCO	K	EUEL 8		HUR	MARY	E. ADDRI		Smi	TH
BALTIMORE,	Pages medico	()		WAR OR DATES)	SECURITY NO.	17 INFORMANT		:55		
NE .	الله الله الله		10	27-07		FAMILY	RECORDS		I ANNE VI	
	physici an poper emavol.		18. CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSEI			ONARY ARRE	СТ		BETWEEN	MATE INTERVAL ONSET AND DEATH
151			IMMEDIAT	E CAUSE (a) CAR	DIOPULM	UNAKT AKKE	31			
1010	death ottendi		Conditions it was 15th	DUE TO, OR AS A CON	SEQUENCE OF	CARCINOMA	OF PROST	ATE		
PRE	re offer mave moffon, froum		Conditions, if ony, which gave rise to immediate			CARCINOMA	OI INUSTA	115		
201 W. PRESTON ST.,	the death ce by the ottendin use remave corb cremotion, ar ather traumotic		couse 101, stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF					
201	o right		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
RDS	n sign Then print to bu	NO NO								
DIVISION OF VITAL RECORDS,	bee rmit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
AL R	v. The Nysicion. cote hos cote hos onsit pe Hygiene IB shows	RTIFI			<u>.</u>		YES NO	YES [NO [
> 2			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2)	
O C	certification of the second of	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
SIOIS	E D 8 0 2 0	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
20	After the cost the cost the cost the cost the cost the morked		AT WORK AT WORK			7/20 70	<u></u>	/03 ₁₀	70	
2			22a.l certify that (I) (this haspit saw the deceased alive an.	al) oftended the deceased to $08/03$	70	d that in (my) (aur) apiniar	, 10	. 17		that (I) (we) last
	ok Allen black black ched for us bept of Hem 21 is		abave, (1) (we) (did) (did nat		.,	DEGREE	r deam occorred on the g	one one moor of	22c. DATE	
	the hort of the ho		X Allechi	n Warx		ATTENDING	MEDICAL STA	FF		03/79
F	FUNERAL OIG be detected the State ORTANT.		22d. PHYSICIAN'S NAME (TYPE OR	MINT)		22e ADDRESS	DIRECTOR PHYSIC	IAN []	007	03/13
Š	Sa Eat &		DR. TEH-CHI	NG WANG		CDEATED B	ALTIMORE N	MEDICA	CEN	JTFR
15	5 6 0 % ¥ ¥	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CE	METERY OR CREMATORY	23d. LOCATION	1100		2000
17745	BP		PECIFY)	8-7-1979	0.0	000 (5M.	PARKVIL		LTQ-	CLU
DHM	AH - 16 60M 1/75	-	INERAL DIRECTOR	10 1 1111			TEREC BY 19 9 BRAR			Shales
	VR A 15 (4))	2	And Funs RAL	CHAPEL &	ROO HA	REARARA AL	160013/3	'		/

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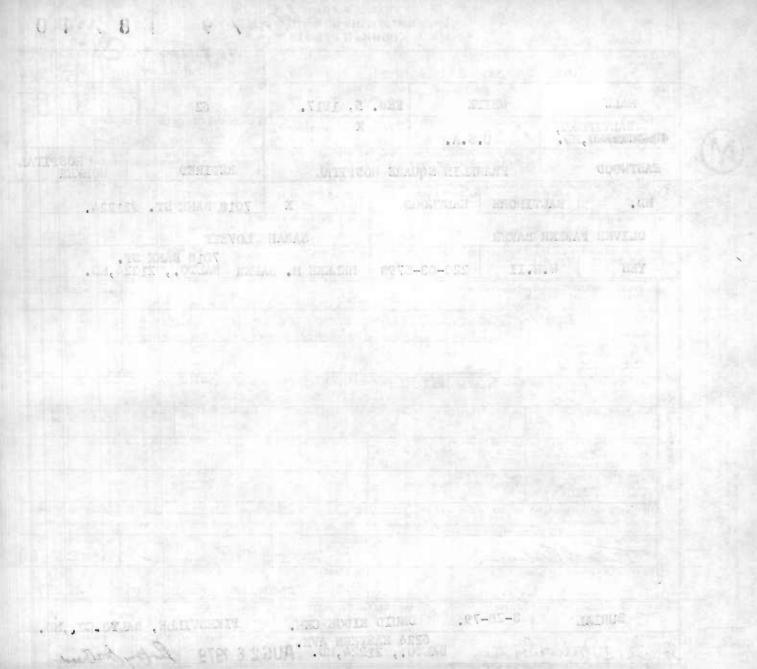
XP VI	1	FOR		DEDADTM		OF MARYLAND ALTH AND MENTAL HYC	TITUES -FS	1 0	7 -2 0
J. H	1	- STATE REGISTRAR		DEFARIM		CATE OF DEATH	REG. N	18/	3 8
63		CEASED NAME FIRST		MIDDLE	LA	ST		-	YEAR 26 HOUR
(M)	(1117	John	Millar	9	Ash	er	8/22/79		1:05P M
	3 SE	X	4 RACE		5. DATE OF	F BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER	DAYS HOURS MIN
oge 4	-	Male	Whi		May		83	YR5	
The Polding		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	X NEVER MARRIED	9 BALTIMORE CITY O		ATH
deoit deoit		Maryland ITY OR TOWN OF DEATH	USA	-	WIDOWED	DIVORCED C	Baltimore		MD
by the filed we	T	owson	Greate:	Baltimor	e Med	ical Center	(TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	kind of Business or ustry ing
0 212 1 hou d be	130	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION DUNTY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	130-STREET ADDRESS	Engin	
MARYLAND ed within 24 implies filled sed a world must	-	aryland		Baltimo		YES NO		ck Road	# 21212
ARY SE WITH	14 F.	ATHER'S NAME .	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	o 11.	Rollins
	140.3	James WAS DECEASED EVER IN U.S.	Edward	Asher	ITV NO	Annie	ADDRE		ROTTINS
AOR exec			GIVE WAR OR DATES)			John W. As			Vonle
ALTIN	H	18 CAUSE OF DEATH Ente		239-01-9		SOIMI W. AS	rier, Erun		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
Fr., B.	П	PART I. DEATH WAS CAL	JSED BY: (Cardio Pul		y Failure		88	TWEEN ONSET AND DEATH
ON ST		1541 IMMEL	DUE TO C	P AS A CONSEQUEN	ICE OF				
ESTC depth attenu bave co rtian,		Canditions, if ony, which	(16)	R AS A CONSEQUEN denocarci	noma	of Rectum			
the of the cempre of the cempr		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUEN	ICE OF			1 3 0	
ol w thot d by lease ial, cr		underlying cause last.	(c)	Sepsis and	Rena	al Failure			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NG PHYSICIAN. The law requires that the death certificate be execut attention physician. After this certificate has been signed by the attending physician and it is the burial-transit permit. Then please remove contempted. Property on additional months of the burial transition or removal.	NO	PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ontributing to de	ATH BUT N	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN P	ART 1(a
S bee	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH C	PERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
TAL The The sirt per	RIF	71n. ACCIDENT WAS UNDERLYING	716, TIME C	S MANUELY		23 110 11 11 11 11 11 11 11 11 11 11 11 11	YES NOCE	YES 🗍	NO 🗌
DF VITAL CIAN. The physicia trifficate bi-transit tol Hygie m 18 sho		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DAY		21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART 1 OR F	'ART 2)
ON OF HYSICIA hding ph hus certif burial-1 Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		M. OF INJURY	19	211. LOCATION			
VISIG PF ond ond ked o	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FAR	RM, ETC.)	STREET	CITY OR TOV	VN COUR	NTY STATE
J O P P D E		220 I certify that (I) (this ha	ospital) ottended th	ne deceased from	6/2	9/79 19	8/22/	79 19	, that (I) (we) lost
ATTEN Spirtal SCTOR of for u	-	the deceased alive	on	8/22/799	, and	that in (my) (<u>aur)</u> opinion	death accurred an the de	ate and haur and fr	am the couses stoted
8 4 8 9 0 e		TIN SIGNATURE		12	D	EGREE			. DATE SIGNED
7 + 7 + 9	1	Ticker	201	1000	2 0		MEDICAL STAI	IAN (C)	3/22/79
O HOSPITAL etoined by the TO FUNERAL should be deto		274 PHYSICIAN'S NAME (TY	,	D		GBMC, 6701 N	Charles S	treet 21	1204
TO HOSS etoined TO FUN with the IMPORT.		Richard L.						01660 21	.204
	230	BURIAL, CREMATION, REMOV SPECIFY) Burial	8-27			METERY OR CREMATORY Ridge	23d LOCATION CITY OR TOWN Di Logari	COUNTY	Md STATE
BP	_						Pikesvi E REC'D. BY REGISTRAR		
DHMH - 16 60M 1/75 (VR A 15 (4))	110	NAME HAT	d Balt	enkins &	212	S 00 .		teopony No	
					tun ula tun	HUU	4 1111	-	



6

	1-	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 7 9	18/3
		CEASED NAME FIRST OR PRINT)	MIDDL	E	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOL
		Myrt]	.e	V.	Baer	August 3,1	1979
-	3. SE	•	4 RACE	No.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS
M		female	white		Jan. 4,1904	75	YRS DATS HOURS
1	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
松丁		irginia	U.S.A.		WIDOWED C DIVORCED	9% M A A	County
300	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSE		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126 KIND OF BUSINI
20	Ca	tonsville			ng Home	housewife	at home
10/	USU/	AL RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMIT		
とう	Deliver of	ryland Howa		Ellicot			Ave.
din o		THER'S NAME			15 MOTHER'S MAIDEN	NAME	
w S		Joseph	MIDDLE SP	iff l et	t.Sr. Florence	MIDDLE	Kirby
0 0	16a V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECU		4049 Over 100	
edi	()	es, no or unknown) (IF YES, GI	VE WAR OR DATES)	217 07	5595 Albert Bae		v.Maryland 2104
shows ony injury, or other	CERTIFICATION		secondary	RIBUTING TO D	DEATH BUT NOT RELATED TO THE Lobstruction 2. OPERATION WAS PERFORMED	Chronic ulcer	
8		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF IN			CURRED (ENTER NATURE OF INJURY IN I	ITEM 18, PART 1 OR PART 2)
Item	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	-AIII		19		
rked or	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF II (AT HOME, STREET, F	NJURY FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY S
n 21 is mo		22a.1 certify that (1) (this has sow the deceased afive a above, (1) (we) (did) (did r	0-2-19	19		nion death occurred on the date o	
LT. If ther		James	E R	nve	DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	220. DATE SIGNED 8-7-79
IMPORTANT:		22d PHYSICIAN'S NAME (TYPE			22e. ADDRESS 413 Common	wealth Avenue	balto., Id. 21
12	23a. E	CURIAL, CREMATION, REMOVA	L 23b. DATE	23c. h	NAME OF CEMETERY OR CREMATO	23d. LOCATION CITY OR TOWN	COUNTY ST
-		burial	8/7/79	B	Good Shepherd Ce		ty, Howard, Mary
77		INERAL DIRECTOR CK Funeral Hor		ADDRESS		DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

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*	1	FOR			DEPARTMENT (OF HEALTH	HAND MENTAL HY	GIENE C	1	0711	
(mm)	11-	STATE REGISTRAR		MEI	DICAL EXAM	INER'S	CERTIFICATE OF	DEATH	REG. NO.	0 / 4 1	
I IVIA	LDE	CEASED NAME	FIRST		MIDDLE		LAST	D- DATE I		ONTH DAY YEAR 126 HOL	LID
1.7599		E OR PRINT)							ESTI-	8 24 79	UK
58354			SUE	CA	AROL		RATDATIE	DEATH	MATED [19	M
걸음으로	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE I		BALDAUF NUER TYR IF UNDER 2			ONTH DAY YEAR 8:HD	5R
2555.4 2555.4	fe	male	white	6 14	42 35		HS DAYS HOURS	MIN PRONOUN DEAD	CED	8 24 , 79 p	M
Z X X		RTHPLACE (SI		76. CITIZEN OF WH		18		9 BALTIM	ORE CITY OR C	OUNTY OF DEATH	IVI
ECESSA DINERAL FOR Y WITHIN	FC	REIGN COUNTRY)		116	20	MARR	CE CE CONTRACTOR		-		
7 - 10)	110		43	17	WIDOV		Ba1	timore	County A	ND.
AY IS THE 301 V	10. C	ITY OR TOWN	OF DEATH	LIE NOT IN SUCH EA	PITAL, NURSING HE	ESS)	HER INSTITUTION	FOR MOST OF WORK	(ING LIFE)	OR INDUSTRY	
400		Essex		3801 Cla	asiko Pt.	Road		454	VE	-	
20 40 2				ROTHER INSTITUTION, GI	VE RESIDENCE BEFORE AD	MISSION)	L.				
ANY AND AND RETAHOULE	30. S	Mn.	13b. COUN	0170	E SSE	N	YES NO NO	13e. STREET ADDRE	SPILL	Their on	
2, AND 3. RETA SHOUL		- 1077		MLIO	E >2E	~		1771	2041	HYIEW KU	_
A NATH	14. F	ATHER'S NAME		MIDDLE	♦ LAST		15. MOTHER'S MAIDEN	NAME	DDLE	LAST	
ORE, MD. R DEATH AGES 1, ORM PM 1 AND 2	9	Amo	25	W.	HILL			DLINE		?	
MORE, TTER DE PAGE FORM SS 1 AN	16a. \	VAS DECEASEL	EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS		
ALTIM S AFT GIVE P ITH FO VISION	1 "	NO	WIN) (IF YES, GIVE)	WAR OR DATES)	215-40-	1671	FREDER	ICK C.	BALD	ALLE ABOU	16
80 X > 0 -			E DE ATH (E-A	· · · · · · · · · · · · · · · · · · ·					10 120	APPROXIMATE INTERVAL	- I
ST., E		18. CAUSE O PART I DE	ATH WAS CAUSED	y ane cause per line BY:	far (a), (b), and (c).					BETWEEN ONSET AND DEA	TH
TON ST., I N 24 HOU I ITEM 18. PAIDNG Y P PERMIT. YGEENE, D		200	IMMEDIAT		Thoracic		les				_
W. PRESTON D WITHIN 24 AMINER ALON FIRANSII PER ENTAL HYGIEI REMOVAL.	-	133	34	DUE TO, OR	AS A CONSEQUEN	ICE OF					
W. PREST D WITHIN FENCIL IN AMINER TRANSITE ENTAL HY REMOVA			is, if lany, which	(b)							
T W. PRI FED WITI PENCIL CAMINEI AL-TRAN AENTAL R REMO			stating the under-	<	AS A CONSEQUEN	ICE OF					
	100	lying cau	se last.								
DIVISION OF VITAL RECORDS, 301 W. PREST S CERTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PENCIL IN RED TO THE CHIEF MEDICAL EXAMINER A FE 3 SHOULD BE USED AS A BURIAL-TRANSIT E DEPARTMENT OF HEALTH AND MENTAL HY PRIOR TO BURIAL, CREMATION, OR REMOVAI		DADY O OTHER CL	CHIEF CANALYTANE	(c)	AUT HAY API LITE YA YU						=
BIVISION OF VITAL RECORDS, 3 8: THIS CERTIFICATE SHOULD BE EXECL FE, WRITING THE WORD "PENDING". IN RWARDED TO THE CHEF MEDICAL STATE DEPARTMENT OF HEALTH AND STATE DEPARTMENT OF HEALTH AND STATE DEPARTMENT OF HEALTH AND	7	LWKI 5 OTHER 21	SHIFTCHILL CONDITIONS	DIASO OF BATTOGRAFAO	OUT NOT KELATED TO THE	IERMINAL DISEAS	SE OR CONDITION GIVEN IN PART	1.0			
CO ND BE ND ND N	CERTIFICATION										
UNID WEEK A REAL HEALTH	18	19a. DATE OF	OPERATION	196. CONDIT	TION FOR WHICH C	OPERATION W	VAS PERFORMED?			20 AUTOPSY?	
TTAL RISHOULD SHOULD SH	E			177103						YES X NO	
OF VITA ATE SHC E WORD THE CH LD BE US AGENT OF BURIAL,		21a. EXTERNA	L CAUSE WAS	21b. TIME OF		21c. H	OW INJURY OCCURRED	LENTER NATURE OF INJ	URY IN ITEM 18 PART	1 OR PART 2)	
NO FICA THE O THE OULT STANE TO B	1 3	UNDERLYING	OR		. MONTH DAY						
VISION VI	20	21d. INJURY C	NG CAUSE OF D	21e. PLACE (/9 sub	ject was wa	ter skiir	ng struc	k hy a boat	_
Z G G G G G G G G G G G G G G G G G G G	MEDICAL			STREET, FACT	TORY, FARM, ETC.)		STREET	CITY OR TO		COUNTY STAT	TE
1 3 4 0 4 0 V	5	AT WORK	AT WORK X	creek		Se	neca Creek,	near	Esses,	Maryland	
DIVIS DIVIS ATE, THIS CER FORWARDED OR: PAGE 3 S OR: PAGE 10 DIVIDIO PRICE		22a Loosti	fu that I taak chara	e of the remains des	cribed abave, held		24 Chestnut	Road	and in	my apinian	
MA SE	3						-			my apinion	
L EXAMINE E CERTIFICA OULD BE FO H, WITH THE MARYLAND		death result	ed fram: Natur	al causes,	Accident LX,	Suicide	, Hamicide ,	Undetermined mo	inner,		
AR WIN		ACTUAL	110	TO	4 .00		TITLE (SPECIFY)			DATE 0/05/70	
A HOHE	-	SIGNATURE,	Mod	melon	1 July	/N	A.D. Assistan	MEDICAL EXAM	INER	SIGNED 8/25/79	-
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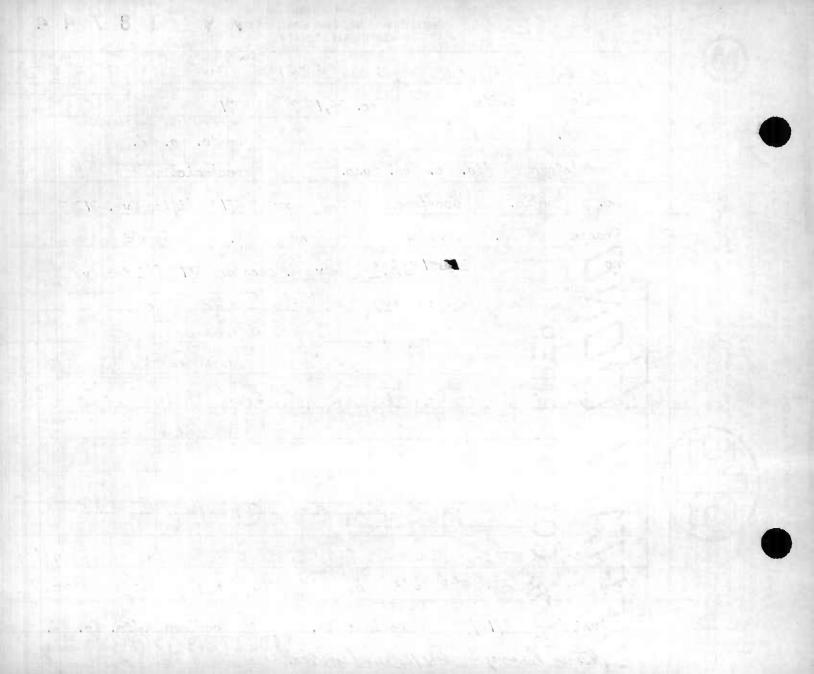
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er de fur within		ITY OR TOWN OF DEATH		NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	1 12b. KIND OF BUSINE
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OR ATTENDING PHYSICIAN: The low requires to hospital or attending physicion. DIECTOR: After this certificate has been signed backed for use as the burial-tronsit permit. Then ple Dept. of Health and Mental Hygrene prior to burial if them 21 is marked or them 18 shows any injury, or	MEDICAL	PART 2 OTHER SIGNIFICANT 199 DATE OF OPERATION 219 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE) 210. IN JURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hosp saw the deceased alive a obove. (I) (we) (did) (did in 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MON P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, Dital) attended the deceased August 3. OI view the body after death OR PRINT) DOES, M. D.	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.) I from May 19 79 . o.	216. HOW INJURY OCCUR 216. LOCATION STREET 216. 19 79 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 200 IN YES NO SIN RED (ENTER NATURE OF INJURY IN I CITY OR TOWN to August 3 death occurred on the date of th	COUNTY STANDARD HOLD OF STANDARD STANDA

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	1-	FOR STATE REGISTRAR		STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 1 8 / 4 4
/	(TYPE	CEASED NAME FIRST OR PRINT! MARTIN	LUTHER	BASSFORD	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR AUG. 14, 1979 5 F
3	SEX	male	white	Dec. 25,1907	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 241 7/ 18 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 241
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a BII	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIED SKNEVER MARRIED WIDOWED DIVORCED	Balto. Co. Md.
55		Randelstown	Batto. Co. yer	r. Hosp.	120 USUAL OCCUPATION 126. KIND OF BUSINESS INDUSTRY MACCHANICAL A A
Start be	JSUA 130 S	TATE Md. 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 134, CITY OR TOWN O O CLOUN	1 13d INSIDE CITY LIMITS?	130. STREET ADDRESS 5519 (Lifton Ave. 21207
830		George	Dole M. Bassfore	15. MOTHER'S MAIDEN NA. Mary	J. Specht
e medicol		(IF YES, GIVE W	AR OR DATES) 2(501 Mala C 0	ADDRESS Anford 5519 (liften Avd APPROXIMATE INTERVAL BETWEEN ONSET AND DEL
ws any injury, or ather troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER STGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) TOTUS DUE TO, OR AS A CONSEQUE (c) DIDITIONS CONTRIBUTING TO D 198 CONDITION FOR WHICH	post Sympat NCE OF Jangiene	lower Ex te mities AINAL DISEASE OR CONDITION GIVEN IN PARDITO LOW CONTROL TO THE PRODUCT OF THE PROPERTY OF
_		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA		YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN COUNTY STATE
If hem 21 is mor		220.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not). 22b. SIGNATURS	Aug 14 19	DEGREE	death occurred an the date and hour and from the couses state. 22c. DATE SIGNED
IMPORTANT: #		22d PHYSICIAN'S NAME HYPE GRA	INTI) D. GONTAGO	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIANS 8 1477
≤ 7	3a. B	URIAL, CREMATION, REMOVAL	C/10/ma W	AME OF CEMETERY OR CREMATORY	23d LOCATION COUNTY STATE
/76	4 FL	NERAL DIRECTOR NAME Stans les	ADDRESS 6411	windows mill	GREG CHENTED BY RAR SHOW THE

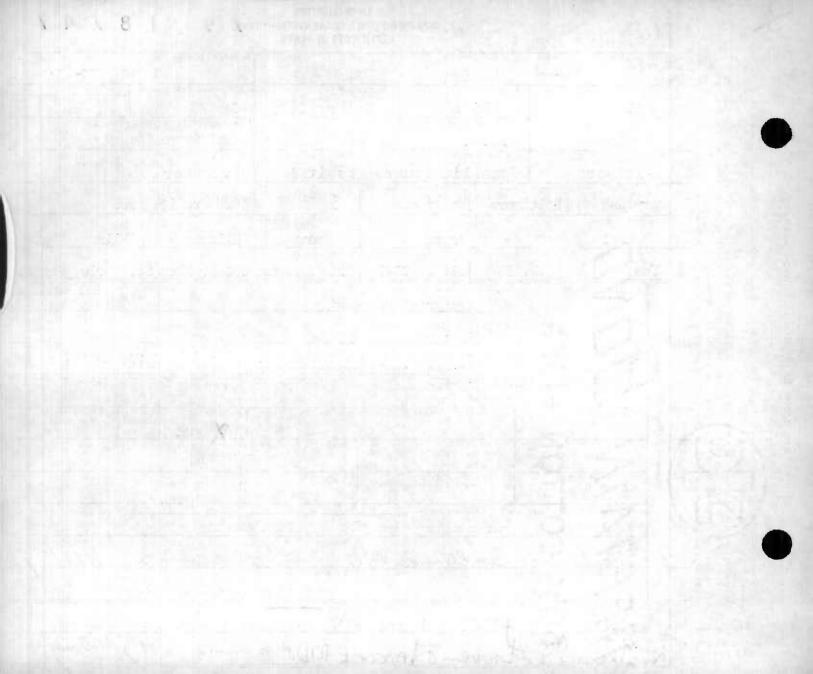


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI 100 DEATH MATED 19 / SEX 4. RACE 5. DATE OF BIRTH A AGE LIN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE 2d. HOUR PRONOUNCED Male White DEAD 19 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Baltimore County WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN 2404) TROPICE PORTOZO 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Essex 21221 Stations In Md. WESTYNCH THE THE LIFE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore ESSEX 21221 13d. INSIDE CITY LIMITS? 2404 Poplar Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Charles Bauer Unknown 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS LIEYES, GIVE WAR OR DATES! Mary Jane Remlein 8205 Shore Rd Balto., Md. 216 10 7552 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD BE YES NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA an SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 131 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE curva] Oak Lawn Cemeterv Baltimore Co., Md. BP M. FUNERAL DE ECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Home PA 1407 Old Eastern Av (VR A15 ME (5)) 15M 7/77

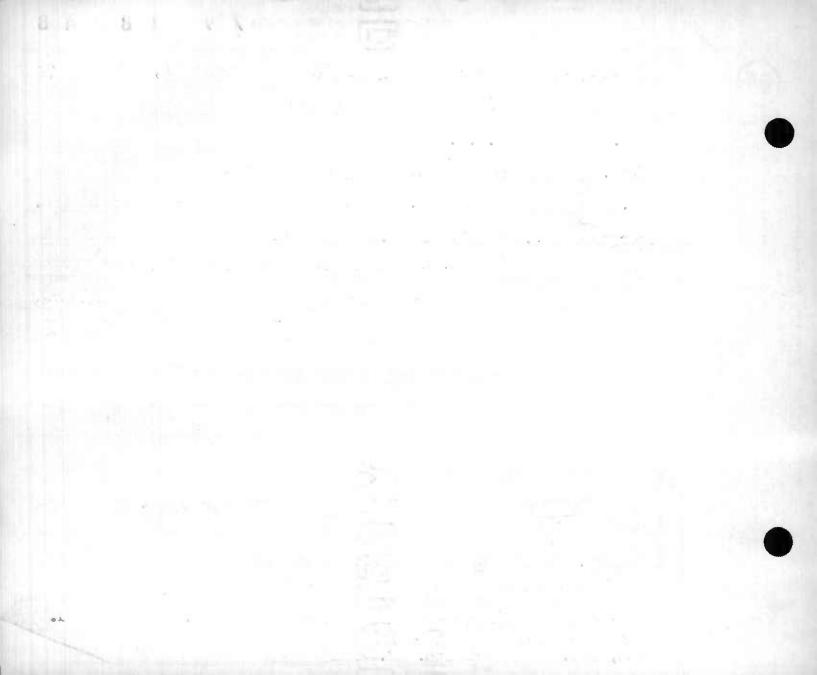
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIODLE 2a. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) 7 45 TENRI 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male White MONTHS DAYS HOUR5 BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED PNEVER MARRIED SAltimore aruland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 are Nursing alesman merican DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13b COUNTY Baltimore 13d INGIDE CITY LIMITS? 1999 Ostend St. Balto Md. laryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Martin auenn Leina heresa eters 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Jane Bauernfeind, 8410 Allison Lane 216-01-1121 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? pe NO YES [NO F and Mental Hygie 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive a and that in (m) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did v(did no)) view the body after death uld be detached in the State Dept. DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 274 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS Franklin Soman Br., Salt. VOSELH with O of 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial (athedral emeteru 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA DHMH - 16 50M 7/77 ully Funeral Home, 130 E. Fort Ave. Balto. Md. (VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201



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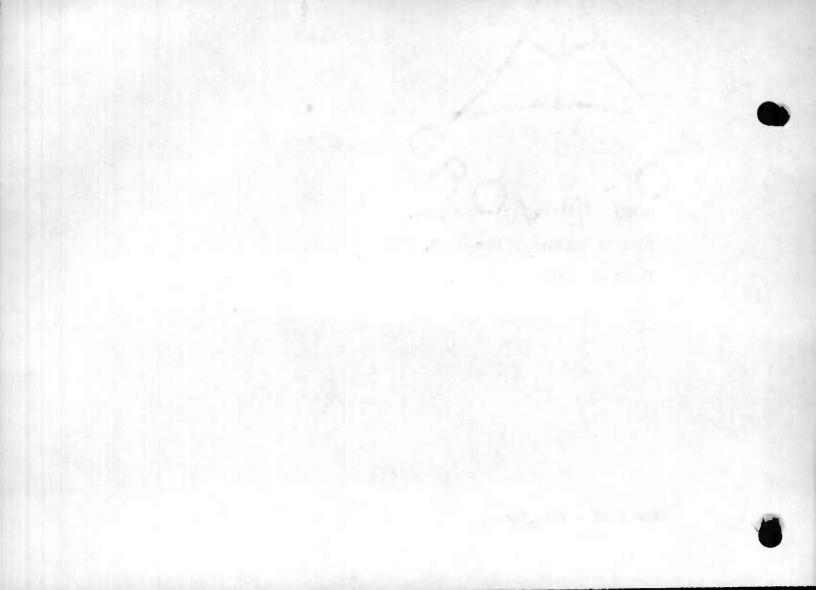
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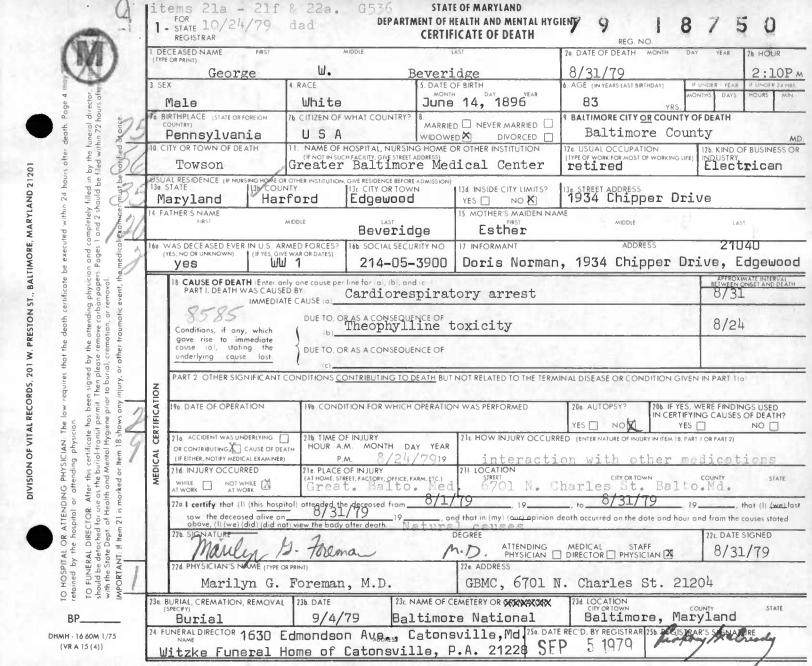
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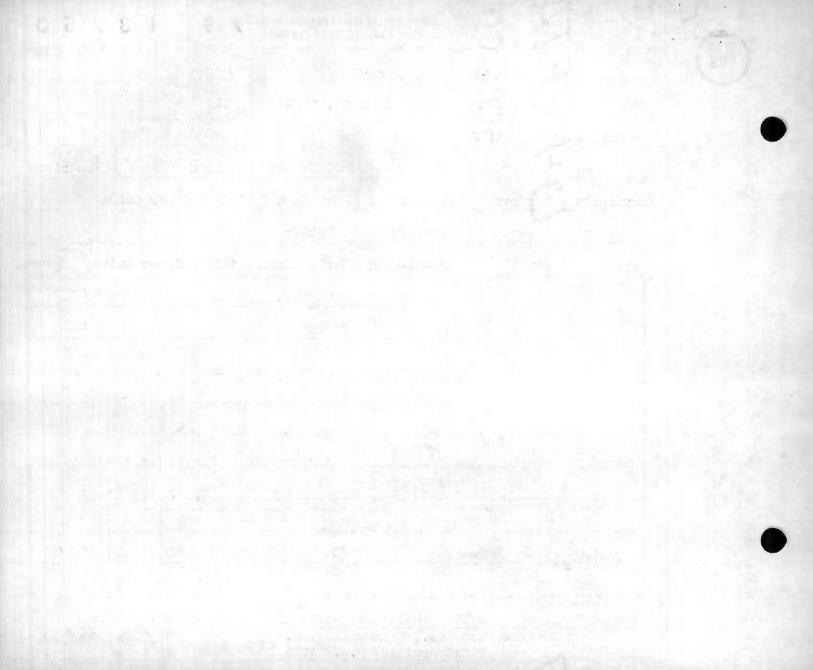
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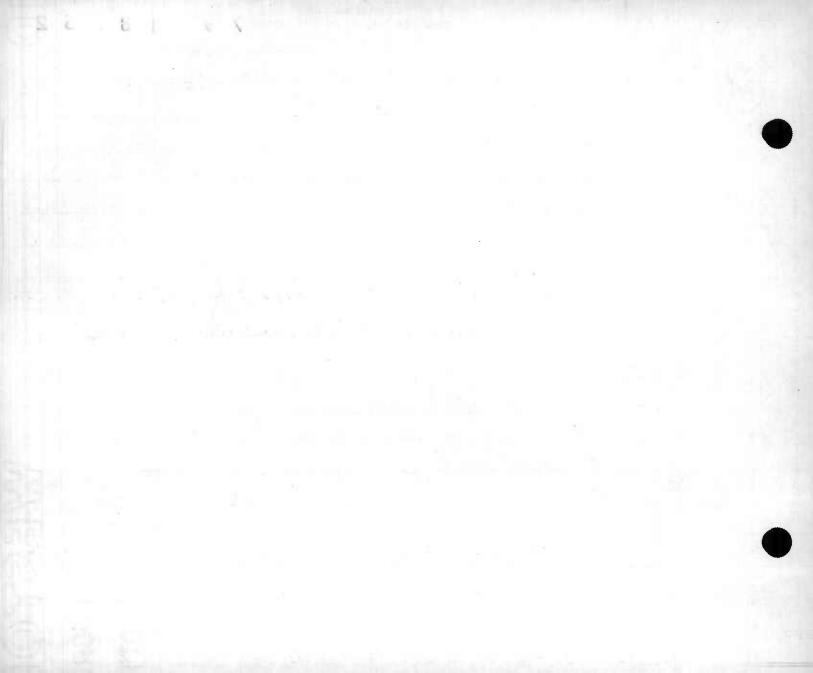
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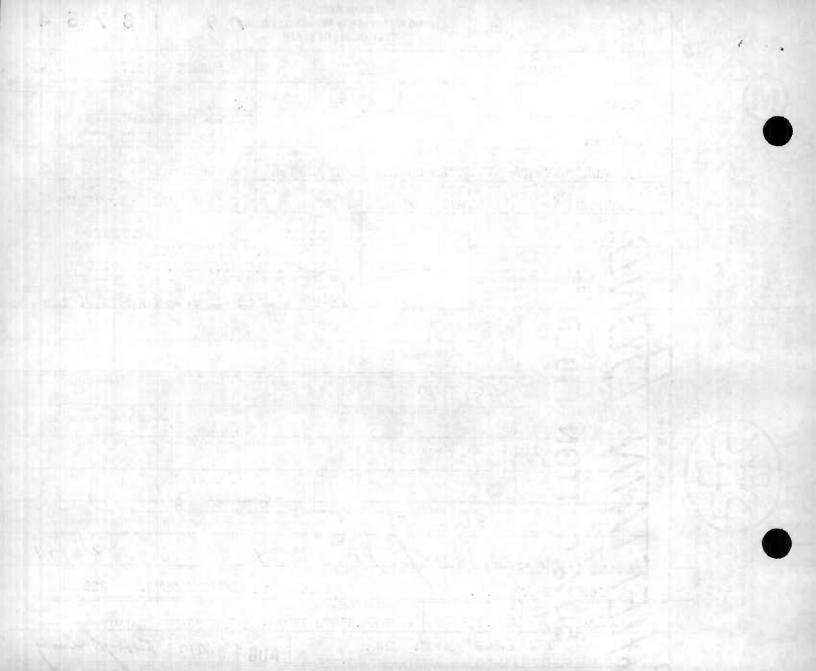


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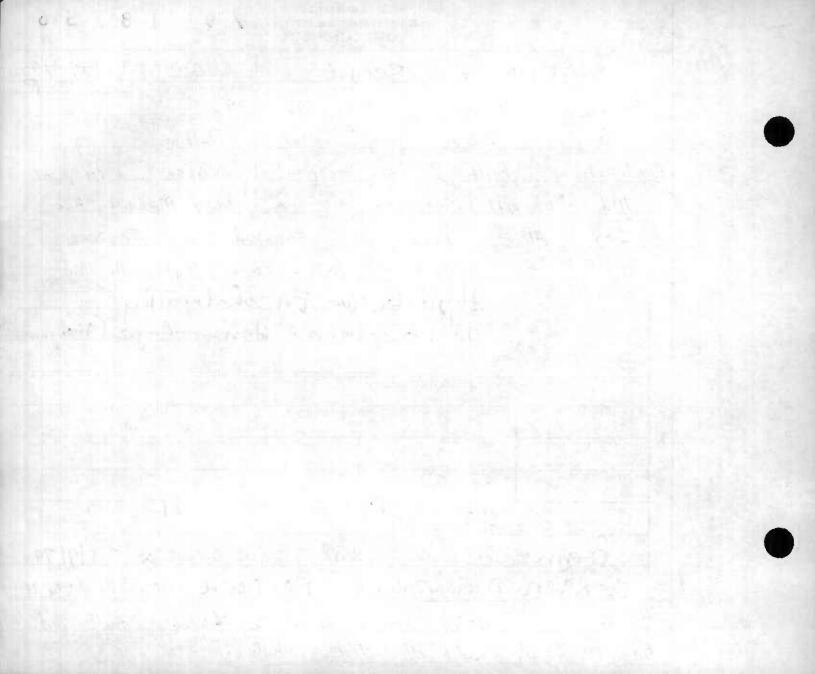
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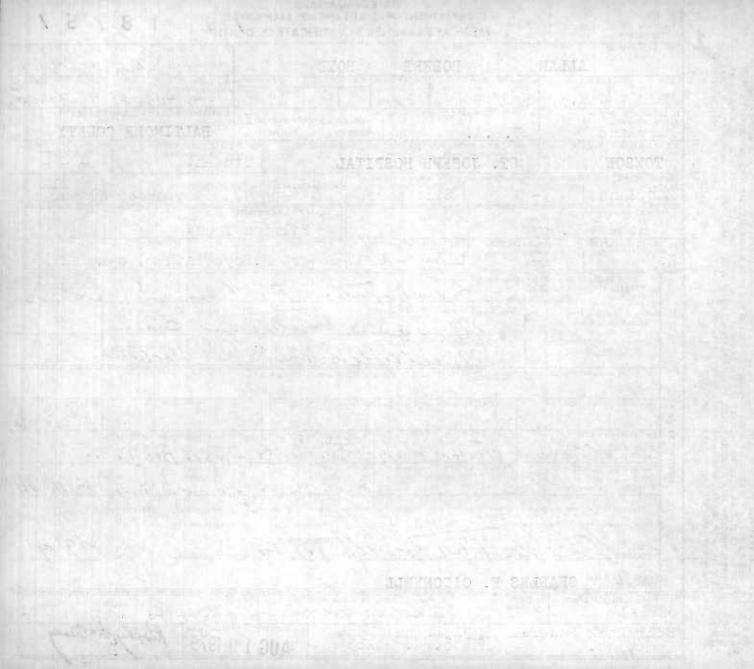
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Gertrude Bonner O DATE KNOWN OF ESTI-SFOTRUME 6. AGE (IN YEARS IF UNDER 24 HRS. DATE 17,05 PRONOUNCED 4 YRS DEAD Ja. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. WIDOWED [DIVORCED county I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Homemaker OR INDUSTRY Home Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Swartz (unknown) Linsenmeyer George 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Stanwood Ave. (IF YES, GIVE WAR OR DATES) 213-10-4580-B Joseph L. Bonner no Balto. 21206 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO. AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 20. AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. JUne 1019) 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Inspection Autopsy and in my opinion Accident death resulted from: Natural causes Hamicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME 7501 York Rd. Charles F. O'Donnell TYPE OR PRINT ADDRESS 23d. LOCATION Gardens of Faith MD STATE Balto. buria 24 FUNERAL DIRECTOR 3331 Brehms La. Balto. MD 21213 DHMH - 17 Schimunek Funeral Home [VR A15 ME (5)) 15M.7/77

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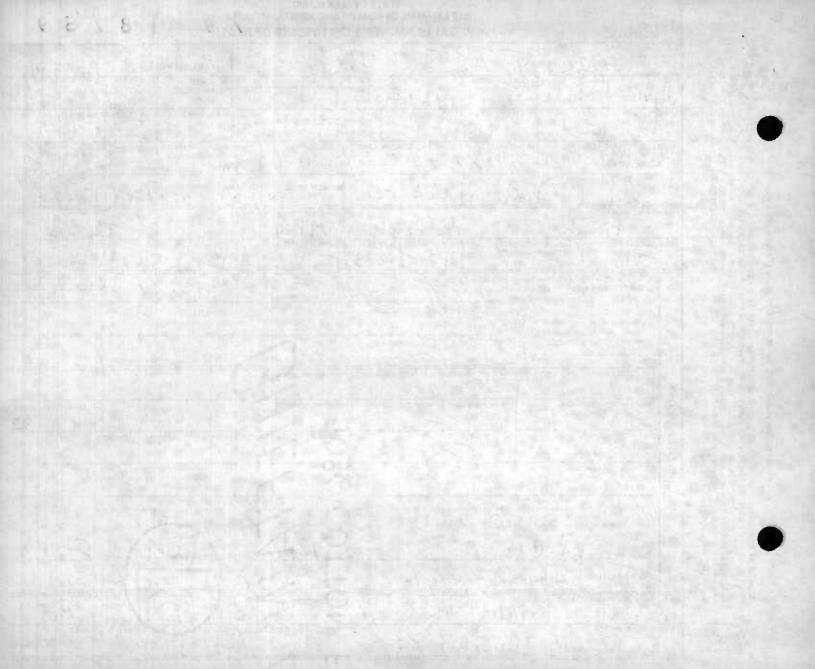
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 0. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED ALLAN ROBERT BOYD 19/ SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) DAY PRONOUNCED Male 59 20 Cau. Th. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K Maryland BALTIMORE U.S.A. COUNTY DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Student (1969) OR INDUSTRY TOWSON JOSEPH HOSPITAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21213 Marylan d Baltimore 13b COUNTY 13d. INSIDE CITY LIMITS? 3759 Ra Ravenwood Avenue YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Robert F. Boyd Palmina Young 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT PERMIT. PAGE. 166 SOCIAL SECURITY NO. 216-56-9429 No Robert F.Boyd(father) same as 13 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN CINSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BUR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF DRWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF O BURIAN YES NO NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DER MEDICAL CONTRIBUTING CAUSE OF DEATH 1970 PRIOR 71d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Suicide X death resulted fram Natural causes Hamicide Undetermined manner PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, V EXAMINER'S NAME CHARLES F. O'DONNELL TYPE OR PRINT **ADDRESS** 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, COUNTY Md. Burial Lakeview Memorial 3331 Brehms Lane Balto.Md. 21213 250. DATE REC'D. BY REGISTRAR 256. PESSTUAR'S SUBSEAUCH 'Sthimblek Funeral **DHMH-17** 1979 (VR A15 ME (5)) Home, Inc. 15M 7/77



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		1. DE	CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOW	HINOM MONTH	DAY YEAR	7b. HOUR
	# 06 00 SE	114	Margara Margara	A F	ISHER	131	ROWNLE	OF EST DEATH MAT	ED 0 8 -	8 1979	11.00
	EAS THE BUR	3. SE.		5. DATE OF BIRTH	IA AGE (IN	YEARS IF UN			HTMOM	DAY YEAR	2d. HOUR
	S H		6 110	MONTH DAY	YEAR LAST BIRTH	DAY) MONT		MIN. PRONOUNCED		-	12.25
	860.0	1 2 2	1 VV	4/6	114 65	YRS.		DEAD	8-	1979	PM
	ESS ERA OR THII	/0. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAI COUNTRY?	8 MARR	IED NEVER MARR	HED 9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
	DELAY IS NECESSABY PLEASE TO THE FUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72. HOURS SS 301 W. PRESTON STREET.				204	WIDOW	VED DIVORC	ED D BAL	TO. C	sung	MD.
		10. C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	120. USUAL OCCUPATIO		126. KIND OF BI	USINESS
	DELAY IS NE 3 TO THE FUN IN PAGE 5 F 9 BE FILED, W. 105, 301 W. F		DUNDALK	2 10	GA ALE	RON	DR	FOR MOST OF WORKING LI		OR INDUST	RY
	2, AND 3 TO 3. RETAIN PA SHOULD BE FOLLOWD S. ALL RECORDS, 3	USU	AL RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIS						
201	Y S H I S S	13a. S	TATE PO 13b. COUN	TY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
212				14676	UVNOAL	12	YES NO		AMERO.	N 01	?
MD.	PW PW S I. 2	14. F.	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE	1	LAST	
	OSCIENT PER		WILLIAM	5-151	4ER			VNY			
Š.	FORM OF ON OF	160.	VAS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR	ITY NO.	17. INFORMANT	AD	DRESS		Ro
BALTIMORE,	SGHZA	,,	Ne	WAR OR DATES	UNK		CHAS,	BROWNLE	F 791	STRI	ATON
BA	WIT WIT	F	18. CAUSE OF DEATH (Enter on	ly one cours per line		2				T APPROXIMAT	F INTERVAL
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PRESTON	ZZYEŽĀ		Canditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF	1	0 00	() .		
8	A A NE CHA		gave rise to immediate	(b) <u>(</u>	anno-	enl	tertina	& like	edine	7	
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301	(ECUTED WITHIN 3" IN PENCIL IN 2" IN PENCIL IN EXAMINER IN BURIAL-TRANSIT AND MENTAL HY NO, OR REMOVAL		lying cause last.	(c)							
			PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEAS	E OR CONDITION GIVEN IN PA	(ET 1 (n)			
VITAL RECORDS,	MEDING MEDIO AS A ALTH A	Z									
E.	EAL A	CERTIFICATION	19a. DATE OF OPERATION	Tigh CONDI	TION FOR WHICH OPE	PATION W	AS DEDECORATED?			20. AUTOPSY	
ALI	00 = 5 4	5		IN CONDI	TION TOR WITHOUT OF	NATION W	AS PERFORMED;				
	SOUPLE	Ē	21g EXTERNAL CAUSE WAS						1100	YES 🗌	NO [
0	CATE WE WE WILL B TAKEN I O BUR			21b. TIME O HOUR A.A	finjury 1. month day yea	21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAI	RT 2)	
N O	SE F C O PE	S	UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M	۸. 19						
DIVISION	S CERTIFIC RITING TH RDED TO RE 3 SHOU E DEPART/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME,		CATION				
ă	HIS CER WRITING VARDED AGE 3 S ATE DEP	2	AT WORK AT WORK	STREET, FAC	TORY, FARM, ETC.)	3	STREET	CITY OR TOWN	COL	INTY	STATE
	F - 3 4 7 6	15	AT WORK								
	FOR FOR HE S HE S D, 21		22s. I certify that I took charg	e of the remains de	scribed obave, held on	Autop	sy . Inspectio	n 🔼, Inquiry 📐,	ond in my ap	inion	
£	EXAMINER CERTIFICATI UID BE FOI DIRECTOR: WITH THE		death resulted fram: Natur	ol causes	Accident . /)S	vicide 🔲	, Hamicide	Undetermined monner			
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	SH SH			2.				MEDICALEXAMINER	JIGNE	11	
	MEDI CUTE SE 4 FUNE FR DE	135	EXAMINER'S NAME (TYPE OR PRINT)	S. MH	1-41 WA	114	1000000 211	2 Dunda	leste	Bout	2/227
	TO MEDICAL EXECUTE THE CASE A SHOULD TO FUNERAL I AFTER DEATH, BALTIMORE, MA	23n B		3b. DATE	236, NAME OF C	METERY	ADDRESS	23d. LOCATION			
		130.0	PECIFY)	3b. DATE 8/12/	25C NAME OF C	METERY O	20	CITTORTOWN	COUN		TATE
	BP	24.5	JNERAL DIRECTOR	1131	MISECUR	11/	PROCESS			0	
	DHMH - 17 (VR A15 ME (5))	29. F	NAME	ADDRESS			250. DATE	REC'D. BY REGISTRAR 256	. REGISTRAR'S S	GNATURE	
	15M7/77	J	. L. CONNE	LLY	3ce in	ACE		AUC 1 5 1979	tion	my/1866	Lody
								HU OF STREET		/	77

MIDDLE

FOR

REGISTRAR

I. DECEASED NAME

- STATE

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 8322 BELLONA AVE. 1A51 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE or) opinion death accurred on the date and hour and from the causes stated 22c, DATE SIGNED ATTENDING MEDICAL STAFF
HYSICIAN DIRECTOR PHYSICIAN 1717 YORK RD., LUTHERVILLE, MARYLAND COUNTY BURIAL WOODLAWN, AUG. 22.1979 LORRAINE PARK BALTO. CO., MARYLAND BP 25 PATE REG'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 6500 YORK RD. DHMH - 16 50M 7/77 (VR A 15 (4)) MITCHELL-WIEDEFELD HOME. INC. BALTO. MD.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2h HOUR

HOURS

IF UNDER I YEAR

DAYS

IF UNDER 24 HRS.

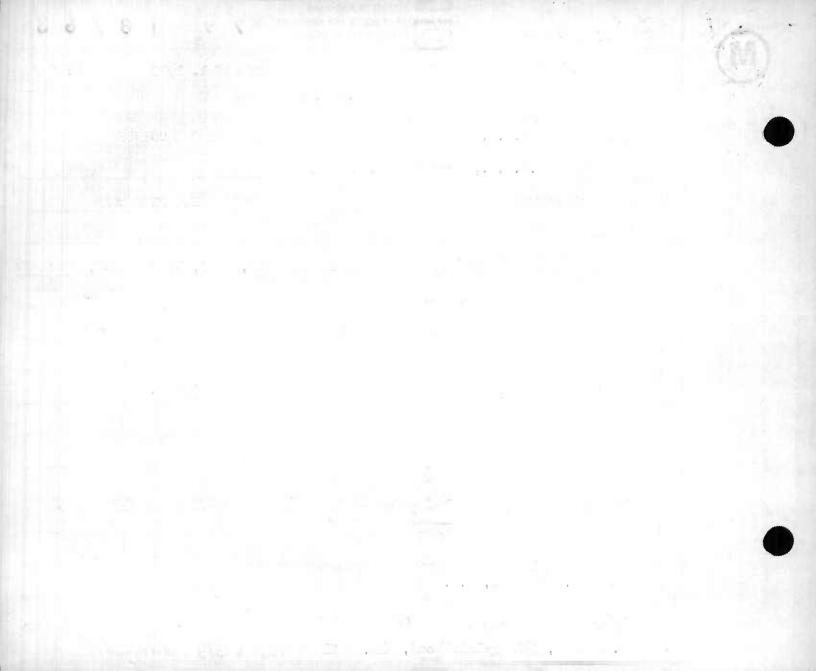
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

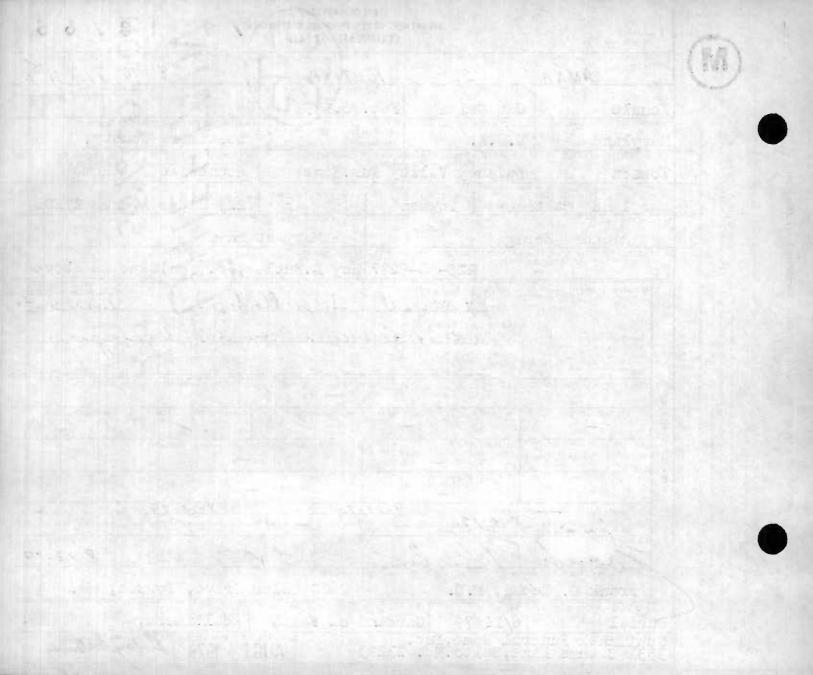
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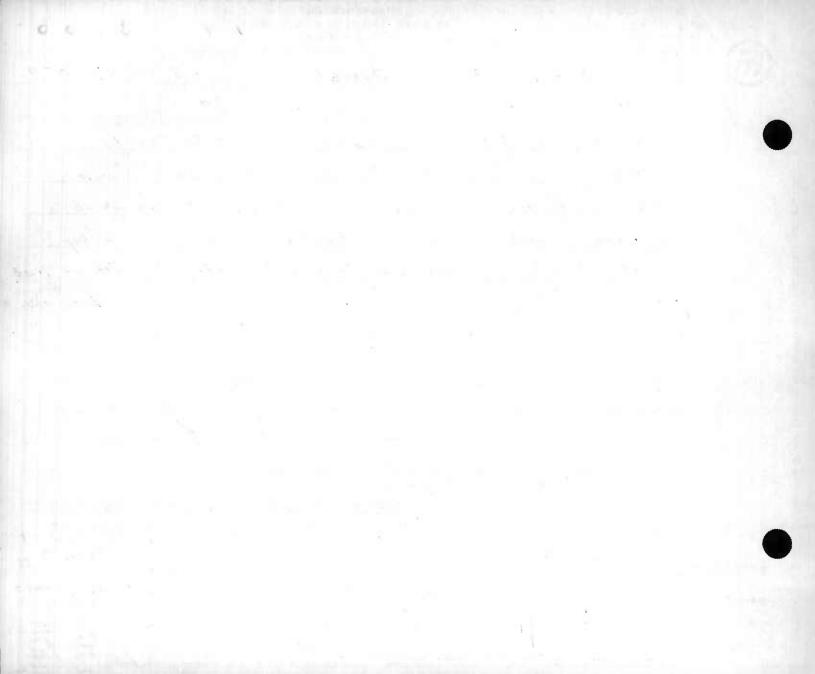
(VRA 15, 4) 7/78



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1	REGIST			DICAL EXAM			OF DEATH	REG. N	0.	9 4
	I. DECEASED	IT)	ī	WIDDLE	1.	AST	20. DAT OF	E KNOWN E	MONTH DAY	YEAR Zb. HOUR
ASE OR. URS URS		Mario	•	Α.	Buto		DEAT	H MATED	Hugust	70 79 10 AM
S NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. WINTHIN 72 HOURS WINTHIN 72 HOURS	3. SEX	4. RACE B	5. DATE OF BIRTH	63 16	NYEARS IF UND MONTHS YRS.		MIN PRONO	UNCED AD	LUGUST 3	75 2d. HOUR
NECESS FOR A S FOR A WITHE	FOREIGN CO	Md.	75. CITIZEN OF WE		WIDOWE		DED B	altimo		MD.
PAGE FILE	Coc	keysvill	e Oregan	PITAL, NURSING HO CILITY, GIVE STREET ADDRE Ridge S	winnir		12a USUAL OCC	CUPATION (TYPORKING LIFE)	PE OF WORK 12b. KI	ND OF BUSINESS R INDUSTRY
RETAIN RECOR	13a STATE	Md.	OME OR OTHER INSTITUTION, GIV DUNTY	136 CITY OR TOW Balto.		34 INSIDE CITY LIMITS? YES X NO	3615	gess Libert	ty Hgts	Ave.
MD ATH	14. FATHER'S Edw	ard		ıtcher		5. MOTHER'S MAID Jean		MIDDLE	Brooks	LAST
AFTE NE P. SION	160. WAS DE (YES, NO, O) NO	CEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	N/A	IRITY NO.	Jean Bu	tcher	3615 I		Hgts Ave
PRESTON ST., WITHIN 24 HOL CILL IN ITEM 18 INER ALONG V ANSIT PERMIT TAL HYGIENE, I MOVAL.	7 9/ GC GC Ly	IRTI DEATH WAS CAI IMME anditions, if ony, who over rise to immediuse (a) stoting the uning couse lost.	DIATE CAUSE (o)	AS A CONSEQUEN	CE OF	IR CONDITION GIVEN IN PA	RT I (d).		DEN S	pproximate interval ween onsevand death
A SOLDWAY	CERTIFICATION 13-01-01-01-01-01-01-01-01-01-01-01-01-01-	ATE OF OPERATION	19b. CONDIT	ION FOR WHICH O	PERATION WA	S PERFORMED?			TENON TO	AUTOPSY?
DIVISION O XAMINER: THIS CERTIFICA' ERTIFICATE, WRITING THE 'I BE FORWARDED TO THE IRECTOR: PAGE 3 SHOULD WITH THE STATE DEPARTMENT AND 21201 PRIOR TO BE ARVAND.	WEDICAL TAOOD 219 TAOOD 219 TAOOD 220 TAOOD 22	ORK ATWORK I certify that I took of resulted fram:	OF DEATH 10:3CM	MONTH DAY Y 19 FINJURY (ATHOMI ORY, FARM, ETC.)	EAR 21f. LOC.	VINJURY OCCURRE	dge Sin or	ry, ar	COUNTY OR PART 2)	Batto ML
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH BALTIMORE, MA	EXAM	NERIC MANE	rles F. O'Do	onnell, M	D. A	DDRESS_7501	York Roa		wson,Md.	21204
Bb——BAG PAG	Bur		8/9/79		CEMETERY OR	n. Pk.		tus, 1		STATE
DHMH - 17 (VR A15 ME (5))	24 FUNERAL NAME	March F	/H ADDRESS	1 F Nor	th Ave	AH	G 7 197			VRE Preody

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designation of the second	Butcher	
Jenn Butchen Ball Liberth Inc.	AV	





V	1				STAT	E OF MARYLAND				
-/-	1	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL F	REG.	NO.	8 /	6 7
ASSET		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SE	× F	4 RACE		Nove	mber 20, 194	6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAY	
off Po	70 B	IRTHPLACE STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE WIDOWE	NEVER MARRIED	D-14-1	OR COUNT	TY OF DEATH	
rs offer de by the tun filed within		Towson	Greate	er Balti	ING HOME CET ADDRESS)	DROTHER INSTITUTION edical Cente	12a LISUAL OCCUPA	TION OF WORKING	126. KIND	of Business OR Club
MARYLAND 2120) ed within 24 hours, mpletely filled in by and 2 should be file exominer must before	1	AL RESIDENCE (IF NURSING HOM STATE laryland	E OR OTHER INSTITUTION DUNTY	136. CITY OR TO Balti		134 INSIDE CITY LIMITS	4 St. Dun		Garth	21212
MARYL ed withi mpletely and 2 sl	14. F.	ATHER'S NAME FIRST Howard	MIDDLE	D rew		15 MOTHER'S MAIDEN FIRST Gertrude	MIDDLE		Goldba	.AST
		WAS DECEASED EVER IN U.S.		16b SOCIAL SE	CURITY NO.	17 INFORMANT	ADDI	RESS	GOTOD	acn
Pog e ex	-	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	216-118	11906	Ernest I.	Caldwell :	Гта	Same	
ST., BALTIMORE, rifficate be execut physician and compets. Pages 1 emoval.		18 CAUSE OF DEATH (Enter	only one couse per	r line for (o), (b),	and ic.		Valuwell		APPRO	DXIMATE INTERVAL N ONSET AND DEATH
ST.	10		IATE CAUSE (0)	Adrena	L hemon	rhages				
PRESTON he death co		1629	DUE TO, O	R AS A CONSEC		1.mag				
the detreman		Conditions, if ony, which gove rise to immediate	(b)	Carcino	Jua III	Tuligs				
W. at the service cree		couse (a), stating the underlying couse lost	DUE TO, O	r as a consec	UENCE OF					
2 0 0 0 0		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COI	NDITION G	IVEN IN PART	1(0)
ORDS	_ ĕ									
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offer this certificate has been sign os the burial-transit permit. Then the and Mental Hygene prior to borked or them 18 shows any injury orked or them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION			CH OPERATIO	n was performed	20a. AUTOPSY? YES ₩ NO□	IN CERT	ES, WERE FIND FIFYING CAUSI YES []	ES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicio this certificate it he burief tronsit in did Mentol Hygie dor them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18.	B, PART 1 OR PART 2)	
VISION G PHYS offendin er this c s the bur cond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a I certify that (I) (this ha	spital) attended th	e deceased from	8/]	19.79	8/6		, 1979	, that (1) (we) last
TTEN pirtol TTOR for us		sow the decemed plive phove, (1) (we) did) (did	not) view the body	ofter death.	79, or	nd that in (my) (auc) apini	on death accurred on the	dote and ha	our and from th	ne couses stated
OR AT e hosp DIREC iched f Dept. c		17h. SIGNATURE		-//		DEGREE			22c. DA1	TE SIGNED
TAL of the SAL Cote Cote Cote Cote Cote Cote Cote Cote		Norte	Myre	ulen-		ATTENDING PHYSICIAN		AFF ICIAN 🙀	8/7	1/79
SPII)		224 PHYSICIAN'S NAME (TYP				22e ADDRESS		186		
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT Should be detached fowth the State Dept. CMPORTANT: If them 2		Rudiger Bre	itenecker	-			Charles St,	Balt	o. Md.	21204
7 5 1 0 5	230.	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
7//2BP		urial	8-9-7	79	Green	mount	Balto	alan and		Md.
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR				OLK III.	ATE REC'D. BY REGISTRA	255 85 15	May Me	Cready
(10,010/1/)	H	.W. Jenkins	& Sons	Co. B	alto.	,Md. A	UG 8 1979	,		

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MA			HARRY		0.	CALI	ENDER		AUGUS		1979	12:09рм
WW.	3. SEX		4.	RACE		5 DATE C		YEAR	AGE (IN YEARS LAST 8	RTHDAY)	MONTHS DAYS	
50 51		Male		Whit		Dec	. 6	1905	73	YRS	S.	
5 2 e	CO	THPLACE (STATE OR F	FOREIGN 71		WHAT COUNTRY	? 8 MARRIE	NEVER MAI	RRIED 🗆 9.	BALTIMORE CITY	OR COUN	NTY OF DEATH	
1300		aryland		U.S.		WIDOWE		RCED 🗌	BALTIM			MD.
by the fi	_	Y OR TOWN OF DE		SAINT	JOSEPH	T ADDRESS) HOSPIT	PROTHER INSTITU	B B	No USUAL OCCUPA TYPE OF WORK FOR MOST alto. Cit	of working y Po]	lice Der	of Business or
filled in ould be	13a. ST	RESIDENCE (IF NUR ATE Cyland	PSE COUNT	THER INSTITUTION	Baltimo	re admission) NN Te	13d INSIDE CITY YES 🔼 N	LIMITS? 13	street address 6302 Eu	nice	Ave. 2	21214
nd 2 sh	14 FAT	HER'S NAME	4415	DDLE	LACT		15. MOTHER'S M	7	MIDDLE		M. L.	
ond www.	2	George	MI	VV.E	Calle	nder	Mary	7	MIDDLE		Pa	iyne
Pages 1	160 W	AS DECEASED EVER S, NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SEC 214-16-9		17 INFORMANT Violet		ADDI 11ender		Same as	# 13e
pers. P	Т	18 CAUSE OF DEAT	TH. Catalanda		line feet and the se	nd .a.						DXIMATE INTERVAL N ONSET AND DEATH
signed by the ottendin hen please remave corb to burial, cremation, or njury, or other traumatic		Canditions, if any gove rise to im cause (a), stati underlying coust	nmediote ing the e last.	((c)	r as a conseoi		NOT RELATED TO) THE TERMIN.	al disease or coi	NOITION (GIVEN IN PART	l(a)
has beer permit. ene prior	CERTIFICATION	90 DATE OF OPERA	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORM	NED	200 AUTOPSY? YES ₩ NO		YES, WERE FIND RTIFYING CAUSE YES	
us certificate burial-transid Mental Hygis or Item 18 sh		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	AY YEAR	21c. HOW INJUI	RY OCCURRED	(ENTER NATURE OF INJ	IURY IN ITEM 1	18, PART 1 OR PART 2)	618.8
After this c e os the bur alth ond Me marked or l	MEDICAL	21d. INJURY OCCUR	VHILE [21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE		21f LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
CTOR: A d for use c . of Healt 7.21 is ma	- [saw the decease above, X (we)				79, 01	nd that in () (au		, to August		hour and from th	
RAL DIRE detocheo rate Dept VT: If Item		22b. SIGNATURE	Thrue	154	/		PHY	ENDING YSICIAN []	MEDICAL ST. DIRECTOR PHYS	aff Ician 🄼		TE SIGNED . 23,1979
TO FUNERAL I Shauld be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S N	ame (TYPE OR P				7620	York R	oad, Tows	on. M	ID 21204	
or Salar		JRIAL, CREMATION		23b. DATE	230	NAME OF C	EMETERY OR CRE		23d. LOCATION		COUNTY	STATE
P	(SF	Buria	1	Aug. 2	5,1979	Pine	Grove		Ravvill	e Ba		Maryland
16 50M 1/76	24. FU	NERAL DIRECTOR			Balto			750 DATER	EC'D BY REGISTRA	RIZSh RE	STRAP'S S	Polante

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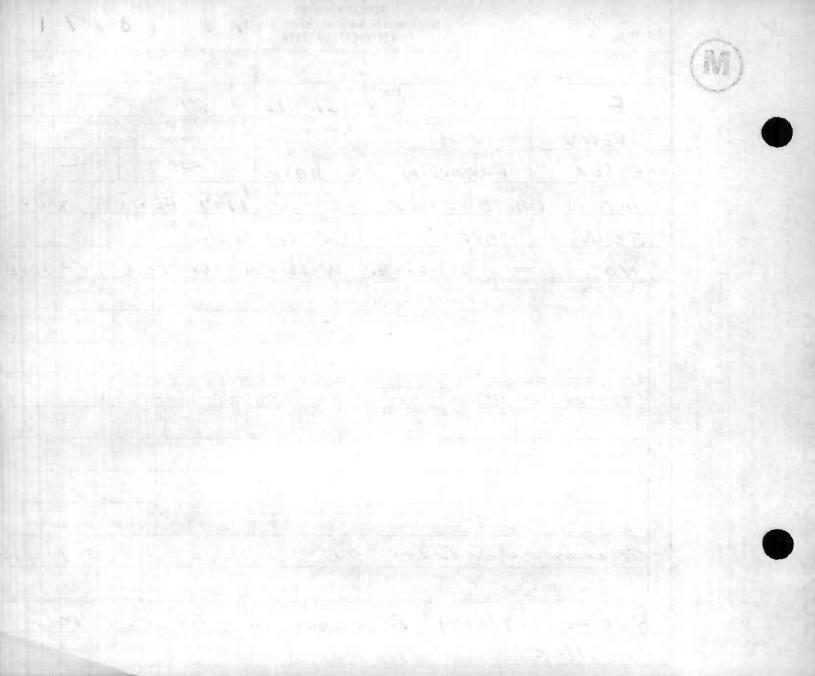
BALTO., 21224,MD.

(VRA 15 (4))

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6		STATE REGISTRAR			CERTI	FICATE OF DEATH	REG. N	10.		
.0		CEASED NAME	FIRST BERNI	CE	- CA	RTER	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
	2.05			RACE Blanc	JIIC .		6 AGE (IN YEARS LAST BIR		79 IF UNDER I YEA	3:50A
	3. SE		4		MON				MONTHS DAY	
	Va B	F RTHPLACE ISTATE OR FOR	DEVGN 7h	B CITIZEN OF WHAT CO	OLINITRY2 8	LO 28 25	9 BALTIMORE CITY C	YRS.	OFDEATH	
555		Md.	ALIGIN I/U		MARRI	ED NEVER MARRIED	BALTIMO			
7	10. C	TY OR TOWN OF DEAT	TH 1			OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND	OF BUSINESS OF
6	T	OWSON	1	GBMC-6701	N. CHAI	RLES ST.	(TYPE OF WORK FOR MOST O	OF WORKING LIFE	e) INDUSTR	Y
35	USU 13a	AL RESIDENCE (IF NURS)	NG HOME OR OT		DENCE BEFORE ADMISSION Y OR TOWN Lto.	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3616 Bel	lmore	Rd.	
3	14 F/	THER'S NAME FIRST Charles	MIC	Robir	LAST	15 MOTHER'S MAIDEN NA FIRST Blanche		- 3		AST
02	16a. \	VAS DECEASED EVER II		ED FORCES? 16b SOC	CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
medico	L	NO OR UNKNOWN)	(IF YES, GIVE W		-20-8416	Willie J. C	arter 3616	Belln	nore R	đ.
		18 CAUSE OF DEATH	Enter only	one cause per line far i	a, (b, and ic					XIMATE INTERVAL N ONSET AND DEATH
er froumotic ever		1809 Conditions, if any, gove rise to imm	which ediate	DUE TO, OR AS A CO						
jury, or other troumotic ever	Ne	Conditions, if any, gove rise to immediate t	which ediate the last	DUE TO, OR AS A CO	ONSEQUENCE OF	T NOT RELATED TO THE TERM		DITION GIVI	EN IN PART	T(a)
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If Hem 21 is marked or Item 18 shaws any injury, ar		Conditions, if any, gove rise to immediate of one stating underlying couse for stating underlying couse for stating underlying couse of the country of the country of the contribution of the contribution of the contribution of the contribution of the country of	which ediate as the last last last last last last last last	DUE TO, OR AS A CO DUE TO, OR AS A CO CO DUE TO, OR AS A CO CO DUITIONS CONTRIBU 19b CONDITION FO 21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR JATHOME, STREET, FACTO	ONSEQUENCE OF ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) ed from	T NOT RELATED TO THE TERM DN WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET Dond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO M RED (ENTER NATURE OF INJU-	20b IF YES IN CERTIF' YES URY IN ITEM 18, PA	COUNTY 19 79 22c. DA	DINGS USED ES OF DEATH? NO STATE
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If Hem 21 is marked or Item 18 shows any injury, ar	MEDICAL	Conditions, if any, gove rise to imm couse ioi, stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERATI 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL 21d. INJURY OCCURRE WHILE NOTIFY MEDICAL AT WORK NOTIFY MEDICAL 220.1 certify that (1) (2) SOW the decease obove, (1) (we) (di) 22b. SIGNATURE	which ediote 3 the last IFICANT CO	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO POLITIONS CONTRIBU 19b CONDITION FO 21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJURY JAT HOME, STREET, FACTO 1) attended the decease view the body after decease 1	ONSEQUENCE OF ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from 8- onth, 19 23c. NAME OF	T NOT RELATED TO THE TERM DN WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 10 , 19 79 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO to 6-15 death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b IF YES IN CERTIF' YES IN CERTIF' YES IN ITEM 18, PA	COUNTY	STATE ., that (1) (we) lose couses stated

STATE OF MARYLAND

	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IEN Ý 9		3 / 7	7 3
	ECEASED NAME PE OR PRINT)	FIRST	^	AIDDLE	l	AST	20 DATE OF DEATH	NONTH [DAY YEAR	26 HOUR
		LIVE		RIE	CART		AUGUST		1979	10:40ам
3 SE			4 RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTI		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	Female BIRTHPLACE (STATE OR FO		Cauc.		Apr	il 15 1897		YRS.		
I	Dublin, Ire	land	US		WIDOWE		9 BALTIMORE CITY O	E COU		MD.
	TOWS ON		SAINT	JOSEPH H	OSPIT	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSeWIT	ON WORKING LIFE E	12b. KIND O INDUSTRY Hon	remaker
130.	JAL RESIDÈNCE (IF NURS STATE Md.	136 COUN Bal	11Y	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Balto		13d INSIDE CITY LIMITS? YES NO 🔀	22 ITT Taylo	r Ave	enue, 2	1234
14 F	Samuel	,	MIDDLE	Le Bas		Bridget	Unknown		Unkno	
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	16h SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS 1542	Picke	tt Road
	no	(# 123, 0112	. WAIN ON DATES;	227-34-4	1349	Lawrence M				
	couse (o), stoting	q the	DUF TO OF	R AS A CONSEQUE	NCE OF					
FICATION	PART 2 OTHER SIGN	lost.	(c) L:	iver fail	EATH BUT	Pneumon NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR COND	20b. IF YES	EN IN PART 100	NGS USED OF DEATH?
AL CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING	IOST.	196 CONDITIONS CO	IVER FAIL DATRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA	OPERATIO	NOT RELATED TO THE TERM	200. AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	, WERE FINDIN YING CAUSES S	NGS USED
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	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CORE (IF EITHER, NOT IFF MEDICA 21d. INJURY OCCURR WHILE NOT WHAT WORK 22a. I certify that IN SOW the decodes obove Medical 22b. SIGNAFURE	IOST. WIFICANT COMMERCIANS OF DEAL EXAMINER) WIFICANT COMMERCIANS OF DEAL EXAMINERS OF DEAL EXAMINER	19b CONDITIONS CO	TION FOR WHICH TION FOR WHICH M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA 22 19 7 Ofter death.	OPERATIO OPERATIO Y YEAR 19 ARM, ETC.) Augus 9 , or	NOT RELATED TO THE TERM N WAS PERFORMED 21r. HOW INJURY OCCURR 21f. LOCATION STREET 1979 nd that in () (our) opinion of DEGREE ATTENDING	200. AUTOPSY? YES NOW CITY OR TOW AUGUST MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES IN CERTIF YE YE YEN ITEM 18. P	COUNTY 19 22c. DATE Aug.	STATE thor (we) lost couses stoted SIGNED 22, 197

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DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR. After this centralists has been signed by the attending physician and completely filled in by the funeral director handle be detached for use on the bound-training permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 hours off with the State Dept. at Health and Manual Hygiens prior to buriof, cremation, or removal. executed within 24 hours after death. Page OR ATTENDING PHYSICIAN. The law requires that the death certificate be roding physician.

	STATE OF MARYLAND						
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	9 REG. NO.	1	8	7	7	

1.	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYGI	IENE 9 REG. NO	18//	9
	CEASED NAME FIRST Edna	G.	Cham	bers	20 DATE OF DEATH	8 28 1979	2b. HOUR
3. SE	× Female	4 RACE White	5. DATE O		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 A
C	IRTHPLACE (STATE OR FOREIGN OUNTRY) Md •	76. CITIZEN OF WHAT COL	MARRIE			re County	
	Towson	Dulaney farous	som nursi		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake	WORKING LIFE) INDUSTRY	BUSINESS
13a. S		NTY 13t. CITY (oce before admission) OR TOWN ersForge	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 112 Bumbar	cton Rd.	
	ATHER'S NAME FIRST Robert	S. Gree		IS MOTHER'S MAIDEN NAME FIRST Flora	MIDDLE	Green	
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GF	VE WAR OR DATES)	44 7761	Harvey L. Bet	addres tts Sar	ne	AATE INTERVAL
CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FOR			INAL DISEASE OR COND	TOL IF YES, WERE FINDING CAUSES	GS USED
N. F. S. I	21s. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DI HEBBER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MON	ITH DAY YEAR	THE HOW INJURY OCCURR	VES NO NO NEED JENNER NATURE OF HUILIN	YES []	NO 🗆
MEDICAL	ZIN INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME STREET, FACTOR)		THE LOCATION	City on 10w	н совит	SPATE
	22s.1 certify that (I) (this hasp saw the deceased alive o	ativies the body after death	- 17 - G	nd that in (my) (our) opinion a	to GUY 2 death occurred on the do		250000
	Meau 274 PHYSICIAN'S NAME (THE	17 TUR	. 0	A ATTENDING	MEDICAL STAF	1 00	\$ 70
	William F.	Fritz M.D.		2W. Univers	ity Pkw		
220	Burial Cremation Remova (Burial	8/30/19		emetery or crematory I Ridge Cemete	T LINCOTA		Md.
1000	UNERAL DIRECTOR Itchell Wiedef	eld Home 6500	York Rd	SI SI	EP 5 1979	ISA REQUITRARS SIGNATI	" dody

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL

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	1220 2072		220		
	GARAN.				

23b. DATE

08 - 15 - 79

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

ADDRESS

STATE OF MARYLAND

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

DULANEY VALLEY M.

21229

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2a DATE OF DEATH MONTH 2b HOUR 08 IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AVIS RENTAL COMPANY 1604 ALSTON ROAD, 21204 LAST PARKER ADDRESS ALMA R. CHANEY, 1604 ALSTON ROAD, 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F LENTER NATURE OF INJURY IN ISSM 18, PART 1 OR PART 21 CITY OR TOWN STATE COUNTY (our) opinion death accurred on the date and hour and from the causes stated THE DATE SIGNE STAFF

STATE

MD.

BALTO,

23d. LOCATION

25a. DATE REC'D. BY REGISTRAR 15h.

COCKEYSVILLE

BP. DHMH - 16 50M 7/77 (VRA 15 (4))

- STATE

TYPE OR PRINTI

REGISTRAR

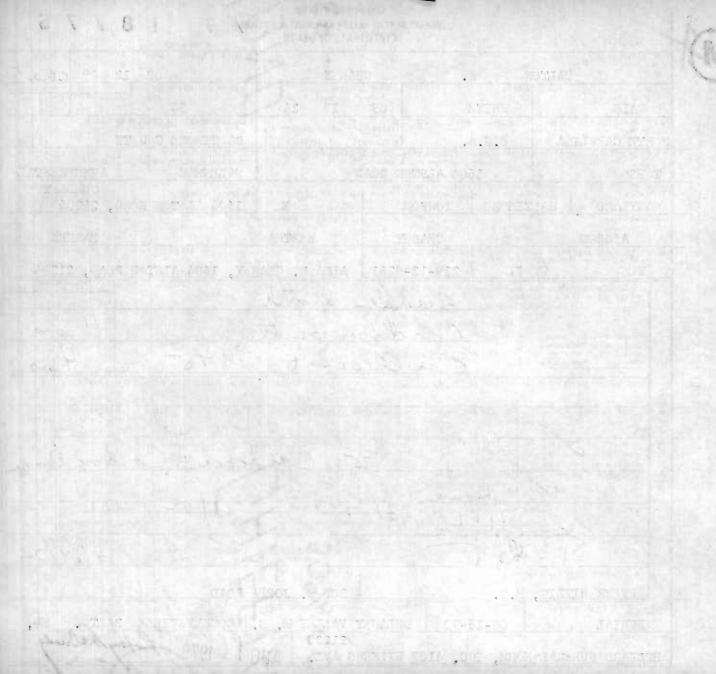
23a BURIAL CREMATION, REMOVAL

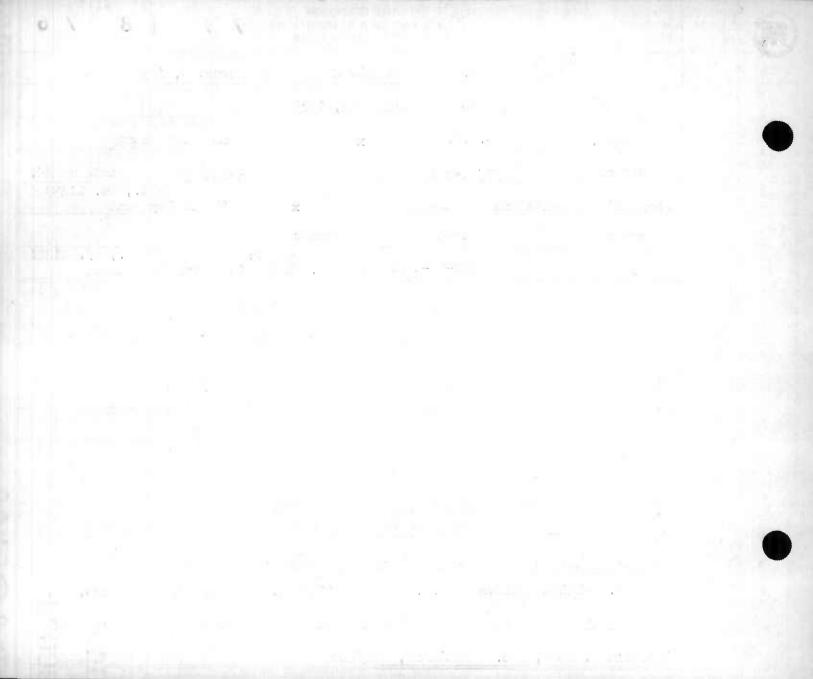
BURIAL

24. FUNERAL DIRECTOR

(SPECIFY)

DECEASED NAME





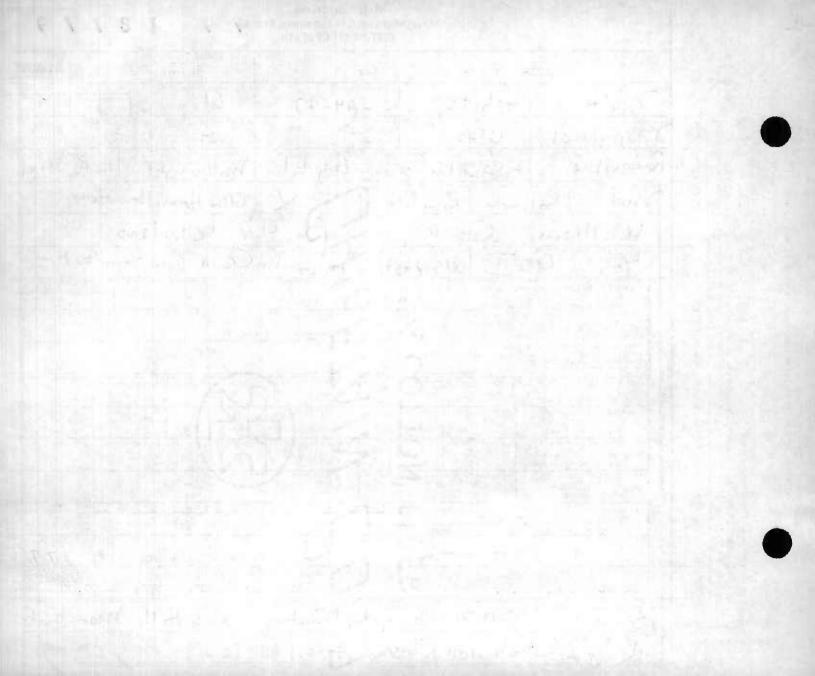
4		FOR STATE REGISTRAR			DICAL EXA	OF HEALT	MARYLAND TH AND MENTAL F CERTIFICATE C	PERENTU	1 8 A	777	
E-025		CEASED NAME	MARY F	TTA CHIL			(AST	76 DATE KNOW OF ESTI- DEATH MATER		Tag. 79 6	
0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0	emale	White	Mar. P3	,1917 6	PRINCE WOR	INDER 1 YR. IF UNDER	24 HR5 Jr. DATE MN. PRONOUNCED DEAD	LUGUST	29,079 7	
PRESS POR PRESS	71	ETES. M	1.	US.	A	WIDO	RIED NEVER MARR	13 55 4 1 5		OF DEATH	
AND 3 TO THE RETAIN PAGE COULD BE FILED ECORDS, 30		Towson		Stronwith	で世htts ^{re} 的的	re≃Dula	ney Valley	NOTOS CONTINUE DE	(TYPE OF WORK 112)	b. KIND OF BUSINESS OR INDUSTRY	
FECORDS.	13a. S	AL RESIDENCE	IF IN NURSING HOME C	DR OTHER INSTITUTION, G	THORIG	DMISSION)	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 7 Cinder Ro	1. 21093		
30	14. F.	ATHER'S NAME FIRST Mul:	ford Pete	MIDDLE	LAST		15. MOTHER'S MAID! Nona Wh	EN NAME nite MIDDLE	2 1	LAST	
1	16a. \	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	216-28-		Mr. Robert 1402 Putt	C. Chilcoat y Hill Ave.	(Son) 21204)	
AL, CREMATION, OR REMOVA	CATION	lying cous	NIFICANT CONDITIONS		Tene	E TERMINAIÇÕISÉ/	SE OR CONDITION GIVEN IN PA	CUD X		5±yc	
S S S S S S S S S S S S S S S S S S S	MEDICAL CERTIFICATION		OR IG CAUSE OF D	EATH P.N	A. MONTH DAY	9	150 30 9	D (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2	YES NO	
21201 PRIO	MED	21d. INJURY O	NOT WHILE C		OF INJURY (AT HO TORY, FARM, ETC.)	νε, 21f. LG	OCATION STREET	CITY OR TOWN	COUNT	Y STA	
2		22a. I certify death resulte ACTUAL ISIGNATURE EXAMINER'S N (TYPE OR PRIN	d from: Natur	e of the remains de- al couses	Accident ,	on Auto Suicide	Psy , Inspectio , Homicide , TITLE SPECIES M.D. JEST	Undetermined monner	and in my apini , , DATE SCINED	69/79	
BALTIMORE, MA	23a.B	URIAL CREMAT	ION,REMOVAL 2	Sept.1,	1979	rospec	OR CREMATORY t Hill Cem.	Parter Co.	COUNTY	STATE	
5))		ineral Direct		1d Home-6	500 York	Rd. 21	250. DATE F	SEP 5 97			

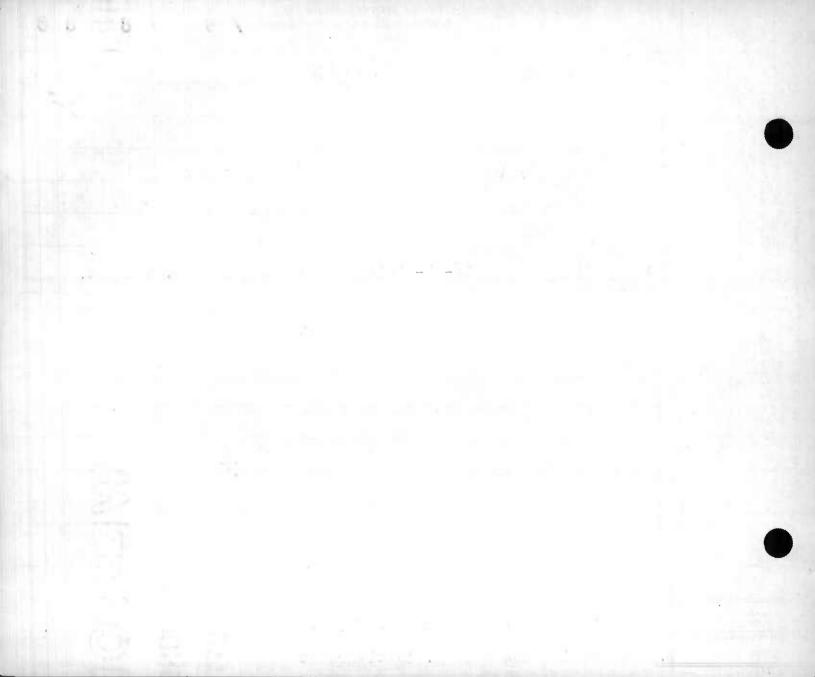
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STATE OF MARYLAND

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601 Metten Choice Line	entero Fine	- Tonga	212		on
		200			

	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	8 7 7 9
Ę		CEASED NAME FIRST NORTI	s L	CLARK	August 11, 19	79 YEAR 25 HOUR 8:26am
	3 SE	Male	White	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
fied of once.	A BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cov Baltimore Co	unty
10/		USSUITE	FRANKINGIVE BE	goon (project	120 USUAL OCCUPATION PEOF WORK FOR MOST OF WORKING	LIFE) INDUSTRE STEEL
should be	USU.	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE 13 (AITY OR TO		136 PRESTADDRESS 1+	m Ava
DE 230	14 FA	WAST MAME	MIDDLE Clarker	15. MOTHER'S MAIDEN NA	na Comphalai	UD LAST
fhe medical	160 V	VAS DECEASED EVER IN U.S. AR (ES, ODR UNKNOWN) (IF VES, GIVE	MED EORCES? 166, SOCIAL SEC EWAR OF CATES) 21512	1849 Amy M	CARK GIIST	Hamilton Aco
to buriol, cremation, or removal. injury, or other traumotic event, th	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO (c) CARGIO DUE TO, OR AS A CONSEO (c) CARGIO CARGIO	Coronary Artery Dis		IVEN IN PART 1(0)
Hygiene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
or Item 18	MEDICAL CER	218. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN	, PART I OR PART 2) COUNTY STATE
em 21 is marked		22a I certify that (X) this haspi sow the deceased alive on	tal) attended the deceased from August 11 19	August 11 19 79 79 ond that in (mX (our) opinion	toAugust 11 death occurred on the date and h	, 19_79, tho (we) lost our ond from the causes stated
with the Stote Dept.		22d PHYSICIAN'S NAME (TYPEO Mukhtar Khan,		ATTENDING PHYSICIAN [22e ADDRESS	medical Staff Director Physician in Square Drive,	8/11/79
M W W	230.	URIAL, CREMATION, REMOVAL	23b, DATE 23c	NAME OF CEMETERY OF CREMATORY	23d. LOCATION L. II.	Mary lesol.
1/76	24 5	NERAL DIRECTOR	ach 1211 APRESS L	resaco Aron AU	G 151979	STRAR'S SIGNATURE





SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD BALTO MD 21215

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VRA 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MD

BUDGET SELECTION OF THE BUDGET OF THE SELECTION OF THE SE	

exoniner must be retified at once

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

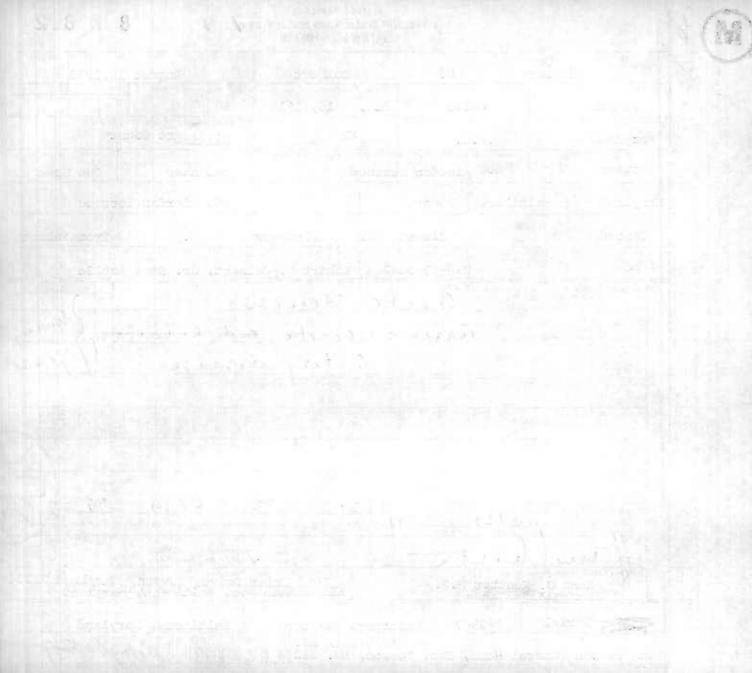
	STATE OF MARYLAND						
DEPARTME	NT OF	HEALTH	AND ME	NTAL	HYGIENE		

9 18782

)	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENF 9	8	/ 8	2	
1		CEASED NAME FIRST	MID	DLE	L	AST	20 DATE OF DEATH		Y YEAR	26 HOUR	
	(TYPE	Eleanor	a	E.		Colbert	A	ugust 1	9,1979		M
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF	FUNDER 1 YEAR	IF UNDER 24	
		Female	Whi	te	Dec.	16, 1918	60	YRS.	ONTHS DAYS	HOURS N	AIN
	Za. BI	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WE	HAT COUNTRY?	8.		9 BALTIMORE CITY	OR COUNTY C			
5	M	aryland	U.S.A		WIDOWE	NEVER MARRIED DIVORCED	Baltimo	re Coun	ity		MD.
2		TOWSON		SPITAL, NURSING ACILITY, GIVE STREET A LONG TO TO THE CONTRACT		PROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake	TION OF WORKING LIFE)	126. KIND OF INDUSTRY Own I		-
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULTY Bal	other institution, Gr NTY timore	VE RESIDENCE BEFORE CITY OR TOWN TOWSON	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 660 RIO	rdan Te	rrace		
9		THER'S NAME Conrad	MIDDLE	Ziedet	, Jr.	15 MOTHER'S MAIDEN NAME FIRST FIGURE 15	MIDDLE	N.	Trocke	enbro	t
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDI	RESS			
	(,	YES, NO OR UNKNOWN) (IF YES, GIVE		18-07-56	47	Robert B. Co	lbert, Jr.	Same A	s#13e		
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIAT 4409 Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OP	is a conseque	NCE OF	Stewos Cerotic o	is ed con linease	rona	2	ATE INTERVAL SET AND DE	7
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT				200 AUTOPSY?	20b. IF YES,	b. IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE		,
	ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF I	NIURY		21c. HOW INJURY OCCURE	YES NO	YES		ио 📋	_
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DA			(Eller Mine of Ita	JAT 11 (16) 10, 1 Ac	1100770123		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF	INTURY	19	211. LOCATION					-
	ME	WHILE NOT WHILE AT WORK		, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE	
		22a.1 certify that (I) (this hospi	2/27	19	3 / an	ad that in (my) (aur) opinian o	e, to 8	19 19		(we)	
		obgye, (I) (we) (did) (didno	livet	ter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SI	GNED	į.
		Hans J	Koetter M	1.D.		7600 Osle	r Drive	wsen ky	yarylan Alylan	d 212	204
	X	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 8-23-			emetery or crematory	23d LOCATION CITY OR TOWN Baltimo		ounty vland	STATE	
	100	UNERAL DIRECTOR		ADDRESS	1050	York Rd. 25a. DATE	E REC'D. BY REGISTRAL		ARS SIGNATU	RE_	
	Ru	ck Towson Funer	ral Home,	Inc. To			2 2 1979	profes	ynur	7	;

DHMH - 16 50M 1/76 (VR A 15 (4))

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DHMH - 16 50M 7/77 (VR A 15 (4))

REGISTRAR

Baltimore (ounty 12b. KIND OF BUSINESS OR INDUSTRY Lenk Mont. Wards hesapeake Mobil ount olaw Len Burrie. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and havr and from the causes stated 22c. DATE SIGNED COUNTY emeteru. 24 FUNERAL DIRECTOR Patansco Avenue ully Funeral Home of Brooklyn Balto.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HQJ

IF UNDER I YEAR

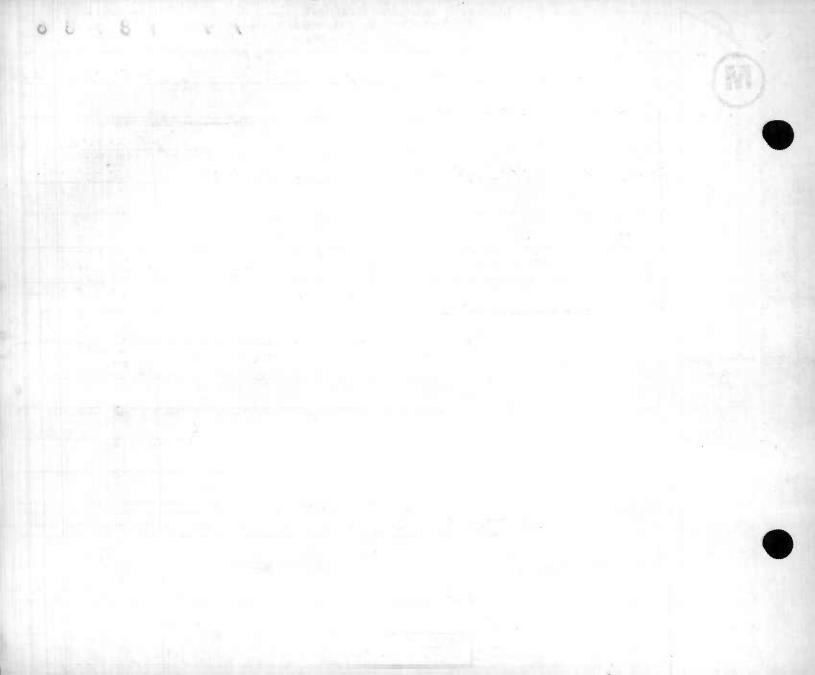
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114					ATE OF MARYLAND			
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	REGISTRA 1. DECEASED N		14/5	MIDDIE	INER 3 CERTIFICATE		NO.	DAY YEAR 26 HOUR
Water Was	(TYPE OR PRINT)	Dav	id	R	Copeland	20. DATE KNOWN OF ESTI- DEATH MATED	x 8 30	
	3 SEX	4 RACE 5	DATE OF BIRTH	YEAR LAST BIRTI	YEARS IF UNDER 1 YR. IF UNDER	ER 24 HRS. 2c DATE PRONOUNCED	MONTH D	DAY YEAR 14:45'R
IAI	male	white	DEC. 12	1956 22	YRS.	9. BALTIMORE CIT		31 ₁₉ 79 p _M
HWOER OF	To. BIRTHPLACE	TRY)	L CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MAR	RRIED M	_	
5,3,00	ID. CITY OR TON		U. 5. F	COLTAL PRIBEING HO	WIDOWED DIVOR	IZO USUAL OCCUPATION	nore Cour	7710.
O O SOIL	Essex	WIN OF DEATH	(IF NOT IN SUCH FA	acility give street address arlyn Aven	5)	FOR MOST OF WORKING LIFE)	- 2	OR INDUSTRY AKERY
SHOULD BE SHOULD	USUAL RESIDEN	ICE (IF IN NURSING HOME OR O 1136 COUNTY BALT		13c CITY OR TOWN		13e. STREET ADDRESS	Anns	Avs
	14. FATHER'S N	AME		LINKAI	IS. MOTHER'S MAI	DEN NAME		1112.
ON OF STAND TO NO OF	ROBER	T	R (CAST NO	DSC BETT	MIDDLE		Johnson
407	160. WAS DECE	ASED EVER IN U.S. ARME		166. SOCIAL SECUR		ADDR		Joint Soil
DIVISION OF VITAL	(YES, NO, OR UP	(IF YES, GIVE WA	AR OR DATES)	219-70-8	1459 FAMIL	Y RECORD.	5	
H	18. CAUS	E OF DEATH (Enter only		e far (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART	I DEATH WAS CAUSED I		otgun woun	d of abdomen			The second second
HYGIENE,	95	51		R AS A CONSEQUENC	E OF			
SED AS A BURALTRANSIT REALTH AND MENTAL HY CREMATION, OR REMOVAL		ditions, if any, which rise to immediate	(b)			THE STATE OF		
BURIAL-TRANS AND MENTAL ON, OR REMOV	caus	e (a) stating the <u>under-</u> cause last.	DUE TO, OF	R AS A CONSEQUENC	E OF		200	
, O .			(c)			•		
MATION		ER SIGNIFICANT CONDITIONS <u>Co</u>	NTRIRUTING TO OFATH	BUT NOT RELATED TO THE TO	RMINAL DISEASE OR CONDITION GIVEN IN	PART 1 o.		
CRE	NO 190. DATE 210. EXTE VIOLENTLY IN THE PROPERTY OF THE PROPER	OF OPERATION	19b. COND	ITION FOR WHICH OP	ERATION WAS PERFORMED?		1	20. AUTOPSY?
21201 PRIOR TO BURIAL, CREMATI	TIFIK					r	- 4-3	YES 🙀 NO 🗌
2	21a. EXTE	RNAL CAUSE WAS	215 TIME O HOUR A.A		AR 21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
	CONTRIB	ING XOR BUTING CAUSE OF DE		۸. 19	shot self			
	21d. INJU WHILE	RY OCCURRED	STREET FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	
	AT WOR	K AT WORK X	fie	1d	S MarlynAven	ue, Essex, E	Balto Cou	inty, MD
0,213	22a 1	certify that I taak charge	af the remains de			tian , Inquiry ,	and in my apinio	an
AND	death re	esulted fram: Natural	causes .	Accident . ,	Suicide X Hamicide	Undetermined manner],	
ARYL	ACTIVAL	Ala -	D. C.	1 00	TITLE (SPECIFY)	to the second	DATE	0/27/70
F. ₹	ACTUAL SIGNATU	DRE WOULD	to one	nell.	Assista	MEDICAL EXAMINER	DATE SIGNED_	8/31/79
AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2	EXAMINE	ER'S NAME	40.365					
TI O	(TYPE OR	PRINT) Margar	cita A.				Balto.,	MD 21201
60	(SPECIFY)	MATION, REMOVAL 236	DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
_	BURIF 24. FUNERALD	IRECTOR	-4-1919	TARKW	000 CEM.	TE REC'D. BY REGISTRAR 25b. I	SEGISTRAPO SIGI	
7 (5))	NAME		ADDRES	BOOHAR	FORD ROAD	SEP 4 1979	tinto	y Mc Grody
5	EVANS	LOWEKHIC)	HAPEL S	SOUCHAR	TOKO NOHU			

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(VRA 15, 4) 7/78

STATE OF MARYLAND





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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0	• ,	7
	CEASED NAME	FIRST		WIDDLE	t	AST			MONTH	DAY YEAR	26 HOUR a
(111)	E OR PRINT)	Edward	(Gray	CR	EIGHTO	N		8	1 79	3:35 M
3. SE	Х	4	RACE		5 DATE C		THE STATE OF	6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	
	m			W	монт	2/27	108	71	YRS.	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OF	R FOREIGN 71	CITIZEN OF	WHAT COUNT	RY? 8	NEVER	MARRIED [9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	PA.		US	A	WIDOWE		NORCED	. Baltim	ore (County	MD.
10. C	ITY OR TOWN OF D			HOSPITAL, NU	RSING HOME C	OR OTHER IN	NOITUTITE	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
f	OSSVIL	LE	FR	ANKL	IN.	59					00
	AL RESIDENCE (IF NO	URSING HOME OR O		GIVE RESIDENCE E	BEFORE ADMISSION	134 INSIDE	CITY LIMITS?	13e. STREET ADDRESS			
	MD	B	ALTO	MIDDE	LE RIVE	YES 🗌	NO D	14 B C	FOR	AR.	DR
14. F.	ATHER'S NAME	MI	DOLE	LAST		15. MOTHER	S MAIDEN NAM	AE MIDDLE		LA	.51
5	AMUEL	J.	CREI	EHTO		DA	154	EB	ERA	24	
	WAS DECEASED EVE YES, NO OR UNKNOWN)	I (IF YES, GIVE W	ED FORCES? (AR OR DATES)		SECURITY NO.	17 INFORM		ADDRI	iss	0.0-	
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	18 CAUSE OF DEA	ATH (Enter only WAS CAUSED	RY.							BETWEEN	ONSET AND DEATH
	1110	IMMEDIATE	CAUSE (a)	Inferol	ateral	myocar	dial int	farction			
	7-10-		DUE TO, O	R AS A CONSE	OUENCE OF						
	Canditians, il ar		(b)_				W. CO.				=1=0,-11
	cause (a), sta underlying cau		DUE TO, OI	R AS A CONSE	OUENCE OF						
			(c)		TO DE LEIL BUIT						
Z	PART 2 OTHER ST	GNIFICANT CC	NUTTIONS <u>CC</u>	DNIKIBUTING	TO DEATH BUT	NOTRELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART I	01
CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	TION FOR WE	HICH OPERATIO	N WAS PERF	ORMED	20a. AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED
IFIC								YES NOT		IFYING CAUSES	NO
CER	21a. ACCIDENT WAS L	INDERLYING	21b. TIME O			21c. HOW	NJURY OCCURR	ED (ENTER NATURE OF INJU			
	OR CONTRIBUTING		HOUR A.		DAY YEAR						
MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY		211. LOCAT	ION	CITY OR TO		COUNTY	47.75
Z	WHILE NOT AT WORK	WHILE WORK	(AT HOME, STR	EET, FACTORY, OF	FICE, FARM, ETC.)	SIREC		CITYONIO	VIN	COUNTY	STATE
	220.1 certify that	(I) (this haspita				/29/	19_79	8/1/		19.79	that (1) (we) last
	saw the dece	ased alive an(did) (did) (did)		after death	9 <u>/9</u> , or	nd that in (m)	() (aur) <mark>apinian d</mark>	feath occurred an the d	ate and ha	our and from the	causes stated
	226. SIGNATURE		1	NV	10	DEGREE				22c DATE	SIGNED
	11/2	un	hael	10	cer 11	10	PHYSICIAN	MEDICAL STA		8	3/1/79
	22d. PHYSICIAN'S	NAME (TYPE OR P	RINT)	0		22e ADDRE	SS				
	Micha	el Koeg	er, M.I).		900	0 Frank	lin Square	Drive	2	
23a.	BURIAL, CREMATION	N, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OF		23d. LOCATION CITY OF TOWN		COUNTY	STATE
	BUR	IAL	0/4	129	DULAN	VEC	VALLEY	BALT	0.	MD.	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

J. G. CONNELLY

300 MACE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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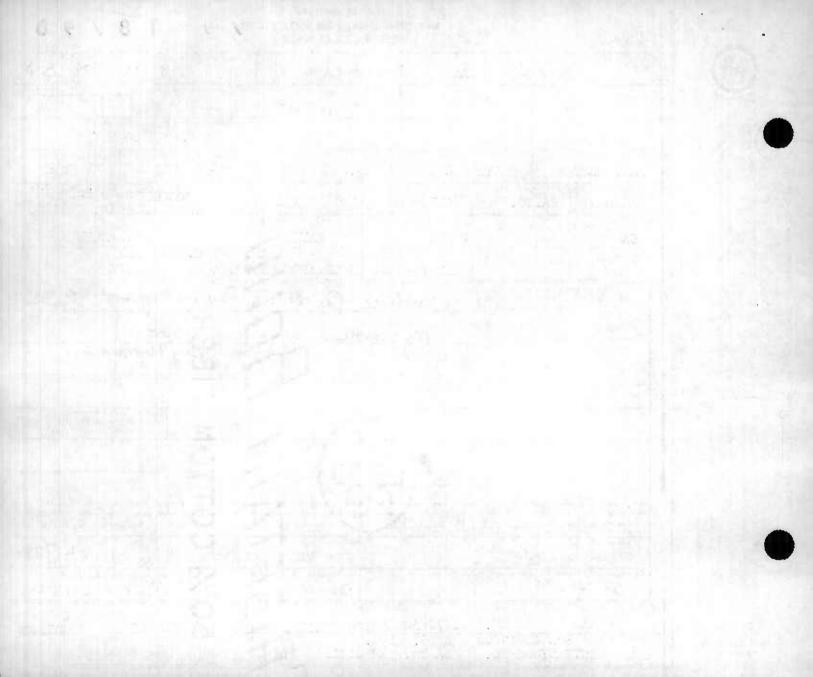
	1	FOR STATE REGISTRAR		DEPART		ALTH AND ME		, ,	G. NO.	8 /	8	8
AA)	1. D	ECEASED NAME FIRST	~	NDDLE	LA!	Ť		20. DATE OF DEA		DAY YEAR	2b. HOUR	2
tor, poge 3	11	MARY	R	SALSE	C	RISE		8 - 3	- 79		2 P	MM
The post of the po	3. SI	EX	4 RACE		5 DATE OF			AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER 2	
ge 4 ector		FEMALE	M K:+	E	S DATE OF	31	17"	62	YRS	MONTHS DAYS	HOURS	MIN.
nneral din in 72 hou	70.1	SIRTHPLACE ISTATE OR FOREIGN COUNTRY) PORTEON	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MA	RRIED	BALTIMORE C		RE COUN	ITY	MD.
the full		BALTIMORE	11. NAME OF H	OSPITAL, NURSIN HEACILITY, GIVE STREET DSEPH S	ADDRESS) HOSP	OTHER INSTITU	NOITU	120 USUAL OCCU	PATION OST OF WORKING	126. KIND (
ly filled in the should be fer must be	13a.	JAL RESIDENCE IN NURSING HOME OF STATE 136, COU	R OTHER INSTITUTION,		E AOMISSION)	3d. INSIDE CITY		I3e. STREET ADDR				-2
mpletely ond 2 sh	14. F	LUCIEN BON	MDDLE	CALWE		S. MOTHER'S M	AAIDEN NAM	E MID	DIE	GIEN	7	
oe executed on ond com	160	WAS DECEASED EVER IN U.S. AI IYES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? /E WAR OR DATES)	IN SOCIAL SECT	BITY NO.	NIES, RES	Parathe)1- plie E.	435-0643A	DDRESS 349 (205)	charl A.	45	
g physicior on papers: emoval		PART I. DEATH WAS CAUS	nly one cause per ED BY (TE CAUSE 10)	()	id (ch.)	e shoe				APPROX BETWEEN	MATE INTERV	AL EATH
NG PHYSICIAN The low requires that the death certificate be executed within 24 hours ratherface physician. It is this certificate has been signed by the attending physician and completely filled in by any the burst-transit permit. Then please remove cotonopapers, Pages 1 and 2 should be filled in by any Mannai Hygiene prior to burst, cremoved in a removal. Or the burst-transit permit and the please remove cotonopapers. Pages 1 and 2 should be filled in by any the please remove coton permit and 2 should be filled in by any the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be filled in by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove coton permit and 2 should be pleased by the please remove and 2 should be pleased by the please remove and 2 should be pleased by the pleased by t		Conditions, if any, which	DUE TO, OR	RAS A CONSEQU	ENCE OF	eins b	ladin	7 .		201	lus.	
that the control of other trees		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEOU	ENCE OF	o lete	mu.					
equires to signed. Then ple to burio njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	OT RELATED TO	THE TERMIN	NAL DISEASE OR	CONDITION	IVEN IN PART 1	01	
he low re on. hos beer i permit iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORM	MED	200 AUTOPSY?	IN CER	YES, WERE FIND IN TIFYING CAUSES YES	OF DEATH	H?
HYSICIAN TI ding physicia is certificate burrol-transit Mental Hygin		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	M. MONTH D	AY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE O				
DING PHYSICIA or attending p After this certificate burnol-i olth and Mentol	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY	DR TOWN	COUNTY	STA	ite.
TTENDI portal TOR A for use of Heol		22a I certify that (I) (this hasp saw the deceased alive of above, (I) (we) (did) (did no	8/3/	79 10			19 <u>29</u> ur) opinian de	, to	he date and h	,	that (I) (we	
At CITEM to the haspital At DIRECTOR detached for unate Dept. of Hi		226 SIGNATURE Solund.	. /	here dr		EGREE ATT PH'	ENDING YSICIAN	MEDICAL DIRECTOR P	STAFF TYSICIAN	271. DATE	SIGNED 179.	
TO HOSPITAL TO FUNERAL Is should be detor with the State C		22d. PHYSICIAN'S NAME (TYPE	MITC.	HELL	m.D.	27. ADDRESS 7620	YOR	K RD.	Tow	SON, M	シュ	120
BP	-	BURIAL, CREMATION, REMOVAL (SPECIFY)	August 6	1979 120	ek Spring	Episc. Ch	Cons	23d. LOCATION	Lett MacC	COUNTY MAR	STAT	1105
DHMH-16 20M (VRA 15, 4) 7/78	24 1	Jones William F		Breiden ADDRESS BHANNE	y a write	ams st.	250. DATE	REC'D. BY REGIST	RAR 25b. FE	THE SHOW	Bredy	1

AND TO ASIA LA TERME VE BROWN AND THE PROPERTY OF THE PROPERTY AND THE PRO

		1.	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		REG. NO		1 8	9
-			CEASED NAME FIRST	UNITED IN	MIDDLE		AST	20. DATE OF I	DEATH /	NONTH DAY	YEAR	26 HOUR
1				CLARE DA	ALY			8/5/				9:58 PM
)		3. SE	X	4 RACE		MONT	OF BIRTH H DAY YEAR	6. AGE (IN YEA	RS LAST BIRTH			HOURS MIN.
	1		Female	Caucas		8/	21 90	88		YRS.		
at once	49	С	RTHPLACE (STATE OR FOREIGN OUNTRY) Macon Ga.	USA	WHAT COUNTRY?	WIDOWI		Bal	ti.,	County		MD.
100	ai	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL O	OR MOST OF	ON WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
	10		Baltimore		v Villa			Teac				
	49	13a.	AL RESIDENCE (IF NURSING HOM STATE 13b. CO POTGIA	AE OR OTHER INSTITUTION DUNTY Bibb	131. CITY OR TOW Macon	ADMISSION)	138. INSIDE CITY LIMITS?	13e. STREET A	DRESS Colle	ge Ave		
N. Charles Company	21	14. F/	ATHER'S NAME FIRST Michael	WIDDLE	LAST Dalv		15. MOTHER'S MAIDEN N FIRST Mattie	IAME	WIDDLE		Reid	
	0		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE			
	3	- (YES, NO OR UNKNOWN) (IF YES,	, GIVE WAR OR DATES)	218-54-	1293	Sr. Mary Co	orrine	Merc	y Villa	a, Bal	to., Md.
onvining or other troumotic		CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICAL 190 DATE OF OPERATION	DUE TO, C		DEATH BUT	NOT RELATED TO THE TEI	RMINAL DISEASE		20b. IF YES, W	IN PART 1(0) VERE FINDING	GS USED
3	1	RTIF							ио 🗌	YES [NO 🗌
	9	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	.m. month di .m.	YEAR	216. HOW INJURY OCCU	JRRED (ENTER NATU	RE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	31
000000000000000000000000000000000000000		MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F		STREET		CITY OR TOW	N	COUNTY	STATE
2		N	22a I certify that (I) (this h saw the deceased alw above (I) [we) (did) (di	JUL	19	3		on death accurred	on the do	te and hour a		
TANIT. If ham	=		226. SIGNATURE Aid	on ?	Walsh	1	DEGREE ATTENDING PHYSICIAN		STAF PHYSIC	F IAN 🗌	22c. DATE S	IGNED
A TOOOL	No.		228. PHYSICIAN'S NAME (TO A LOCAL)	PE OR PRINT)	ALSH	MD	333 S	T. PAUL	_			
		230. Bu:	BURIAL, CREMATION, REMO CIAL-Transit		8,1979	River	side Cem.	Maco	n, Bi	bb Co.		-
77	118.		uneral director itchell-Wiede:	feld Home	ADDRESS		ork Rd. 250.D	AUG 09	979	25b. REGISTRA	R'S SIGNATU	RE Breads

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M			CEASED NAME FIRST Sar		XXX	-	THE CATE OF DEATH REG. NO. 128. DATE OF DEATH MONTH DAY YEAR 16 MONTH DAY YEAR 18 MONTH DAY YEAR 18 MONTH DAY YEAR 18 WONTH DAY HOUSE YEAR 18 MONTH DAY YEAR 18 WONTH DAY HOUSE YEAR 18 MONTH DAY YEAR 18 MONTH DAY YEAR 18 WONTH DAY HOUSE YEAR 18 MONTH DAY HO	9P,			
ectar, rs aft		3 SEX	FEMALE	4 RACE WC	nle.		DAY YEAR	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 1879 (9.79) 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS YES YRS. YRS.	FUNDER 24 HRS		
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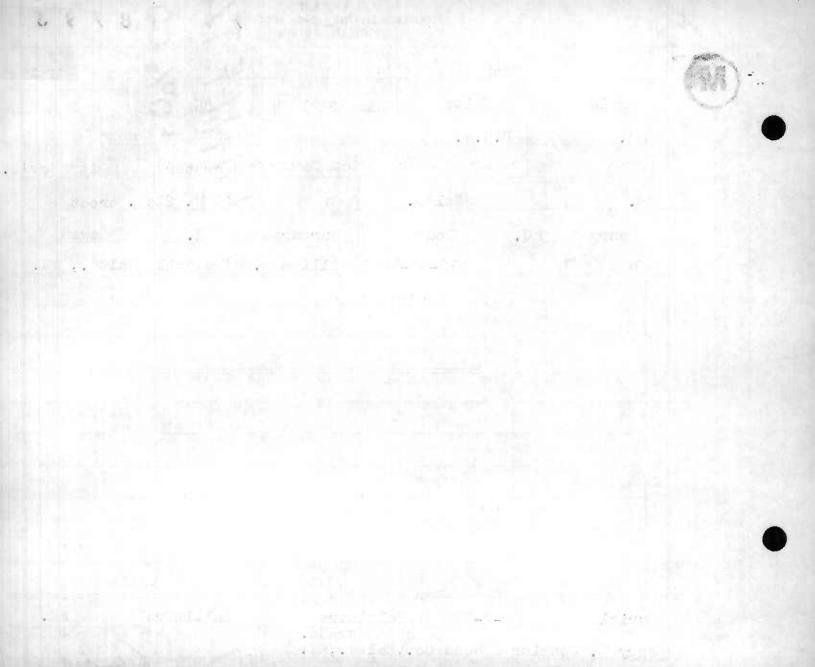


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16	1.	FOR STATE REGISTRAR	Di	EPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 / 7 3
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
2 / 1	(TYPE	OR PRINT) Mary	Ruth	Dean	8/6/79	12.15
À C	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HMS.
4		Female	White	May 23 1894	85	MONTHS DAYS HOURS MIN
Poge hod i	≥6. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL		BALTIMORE CITY OR CO	DUNTY OF DEATH
n 72		Md.	U.S.A.	WIDOWED DIVORCED	Baltimore	County
with with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL.	NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OF
by the	T	owson	reater Balt	imore Medical Center	Secretary	City Gov't
b e a	USU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 196 CO	OR OTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION) DR TOWN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS	
filled hould be		d.	Balt	YES X NO	21 W. 27t	h Street
within within d 2 sh	14. FA	THER'S NAME	MIDDLE L	AST SMOTHER'S MAIDEN NAM	AE MIDDLE	;
comple 1 and		Henry	C. Dea	n Margaret	E.	Hagan
ond co		VAS DECEASED EVER IN U.S. A	INF WAR OR DATES)	AL SECURITY NO. 17 INFORMANT	ADDRESS	
Poor me		No	219-	30-4662 William P.	0 'Donnell	Balto., Md.
cate be executed within 24 hours or system and completely filled in by opers. Pages 1 and 2 should be filled in the medical examiner must be not the most be n		18 CAUSE OF DEATH (Enter	only ane cause per line for to SED BY:	, (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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quire sign Then I to bu	l g					
beer mit prior ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
	네 볼				YES NOT	CERTIFYING CAUSES OF DEATH?
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VDING P I or offer R: After the Use os the lealth and s marked				8/4/79 18	. 8/6/79	
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OR ATTEN e hospitol DIRECTOR, sched for us Dept. of He		obove, (1) (we) (did) (did	not) view the body ofter deat	DEGREE		22c. DATE SIGNED
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BP		urial	8-8-79	Baltimore	Baltimore	Md.
HMH - 16 60M 1/75	24. F	UNERAL DIRECTOR	ADI	DRESS 4905 YorkRd. 250. DATE	REC'D, BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
(VR A 15 (4))	HA	nry W. Jenk	ins & Sons	Co. Balto. Md.		0



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McGheean ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (not (our) apinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED STAFF August 3,1979 PHYSICIAN N DIRECTOR PHYSICIAN 21204 7600 Osler Drive, Room 200, Balto., MD STATE COUNTY Parkville Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd.

STATE OF MARYLAND

IF UNDER LYFAR

INDUSTRY

HOURS

126. KIND OF BUSINESS OR

MONTHS DAYS

DHMH - 16 50M 7/77 (VR A 15 (4))

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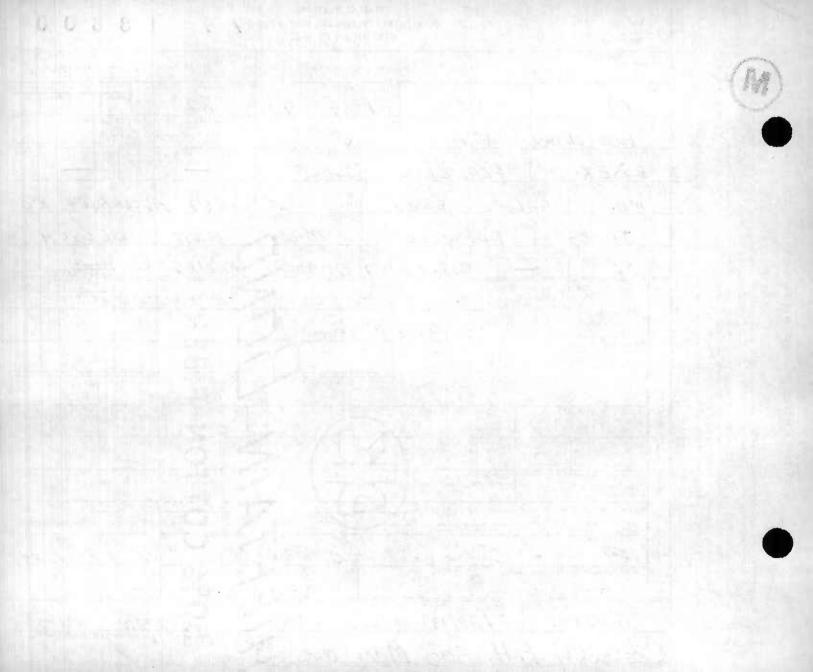
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TO HOSPITA retained by TO FUNERA should be di with the Sro IMPORTANT		KWASI	poku		ST. JOSEP		BACT.	2.	1204
BP	Re	BURIAL, CREMATION, REMOVAL SPECIFY) 1eased to Hosp. UNERAL DIRECTOR			eph Hospital	23d. LOCATION CITYOR TOWN TOWSON REC'D. BY REGISTRAR	Bal	to.	STATE MD
DHMH - 16 50M 7/77 (VR A 15 (4))	24 1	Mustulon	7620 York	Rd.		UG 27 1979	Ling June	and of their	Bresdy

8 C N. St. Market St. Constitution of the Cons THE PARTY OF THE PARTY OF THE STATE OF THE S

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENT - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH LIVEE OR PRINTS DOROTHY MOORE DOYLE 08 5:30P 4 RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS Nov. 18. 1916 White Female BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Marvland TOWSON I CITY OF TOWN OF DEATH 12h KIND OF BUSINESS OR Housewife Home BALTIMORE ISUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Sussex enwick Isl 26 Roosevelt Avenue 13d INSIDE CITY LIMITS? Delaware 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Carrie Simmons Nelson Johnson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 220-01-3692 John R. Doyle 26 Roosevelt Ave. 19975 APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF TERMINAL Conditions, if any, which gove rise to immediate DUF TO, OR AS A CONSEQUENCE OF cause (a), stating underlying cause METASTATIC CA. OF BREAST PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TINOT YES [216. TIME OF INJURY 21g ACCIDENT WAS UNDERLYING 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY morked or CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from 08/2 08/1 and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (f) (we) (d) 126 SIGNATER 22c. DATE SIGNED DEGREE If He ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S AME TYPE COPERTY 22e ADDRESS should be with the GREATER BALTIMORE MEDICAL CENTER POLLACCHI 236. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore Westview Mem. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 AUG2 \$ (VR A 15 (4)) William E. Johnson 8521 Loch Raven Blvd

dieta de von campa 0.100 1111 פאנדון רהב עם פרסד ע. קובעבי פרידב 1103111170 To a got At 1018, swill served these 1875 generals . Assistant



FOR

REGISTRAR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 512 Poplar Grove St. BROKE 4344 Danlou Drive APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH Carcinoma of head of pancreas with obstruction PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 9000 Franklin Square Drive STATE BALTIMORE CO. MD. 4 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. Wm. C. March F/H (VR A 15 (4))

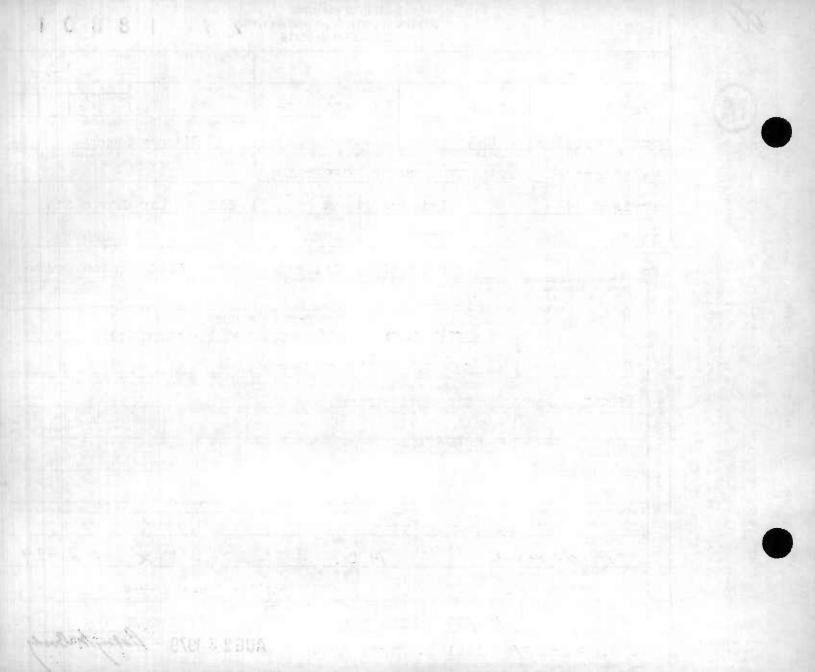
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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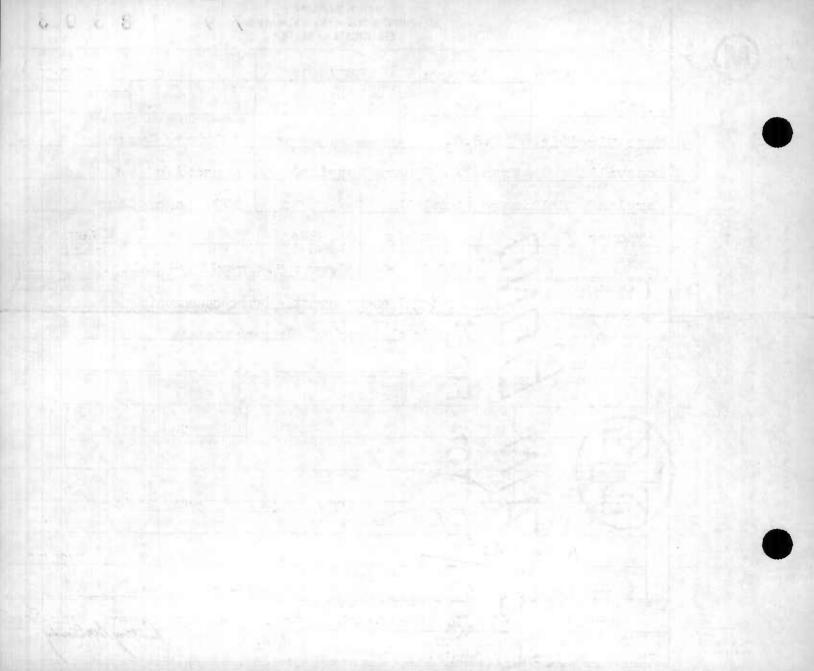


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7922 Wise Avenue, Dundalk, MD 21222

FOR

DHMH - 16 50M 1/76 (VR A 15 (4))



	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 9	1 8	8 0	4
		CEASED NAME FIRST ROY	WILLIAM EDV	VARDS	AST	2a DATE OF DEATH	MONTH DAY	79 PEAR 21	ь нойк 1 45 РМ _м
	3 SEX	М	4 RACE	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS	VIHS DAYS H	FUNDER 24 HRS
6	C	NEBRASKA TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL NURSI	MARRIE		9 BALTIMORE CITY OF BALTO	CO		MD.
9 natifie		Towson	GREATER BA	LTO M		(TYPE OF WORK FOR MOST O		INDUSTRY Serv.S	station
\$35	M		other institution, Give residence before ITY 13c CITY OR TO V Joppa	414	ILS INOXX	13. 2405 DRYE			
examine Comine		FRED MARS	SHALL EDWÄR		BETTY	ME MIDDLE ELIZABI	70.5	SHAW	S
medical		VAS DECEASED EVER IN U.S. AR/ es, no or unknown) (1F yes, give	WED FORCES? 166 SOCIAL SEC WAR OR DATES) 217-07-	5165	Mrs.Gladys	Edwards,	Joppa		TE INTERVAL SET AND DEATH
or other troumatic eve		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE CARC I DUE TO, OR AS A CONSEQUENCE CONSEQUENCE CONSEQUENCE CONTRIBUTIONS TO CONTRIBUTING TO	NOMA NOMA	OF THE BANC METASTAS	REAS WITH		IN PART 1(n)	
aws any injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, W	VERE FINDINGS	
Mental transi Mental Hygi Trem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART	1 OR PART 2)	
th and M	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
of Heal		220.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did not	al attended the deceased fram, 2 19	79' . on	d that in (my) (aur) apinion o	death occurred on the d	ote and hour or		
NT; If Item		JZR. SIGNATURE	fe			MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	8 2 7	
IMPORTANT, IF		DR A SHAF	1 K			HARLES ST	BALTO	21204	-
_	(urial, Cremation, Removal Burial	Aug. 5, 1979 Mo	NAME OF CI untai	metery or crematory n Christian		Harfor		Md.
1/75	74 FL	oward K. McCo	omas III, ADDRESS	ngdon	, Md. 250 DATE	UGO 6 1979	25b. REGISTRA	r's signaturi	Freedy

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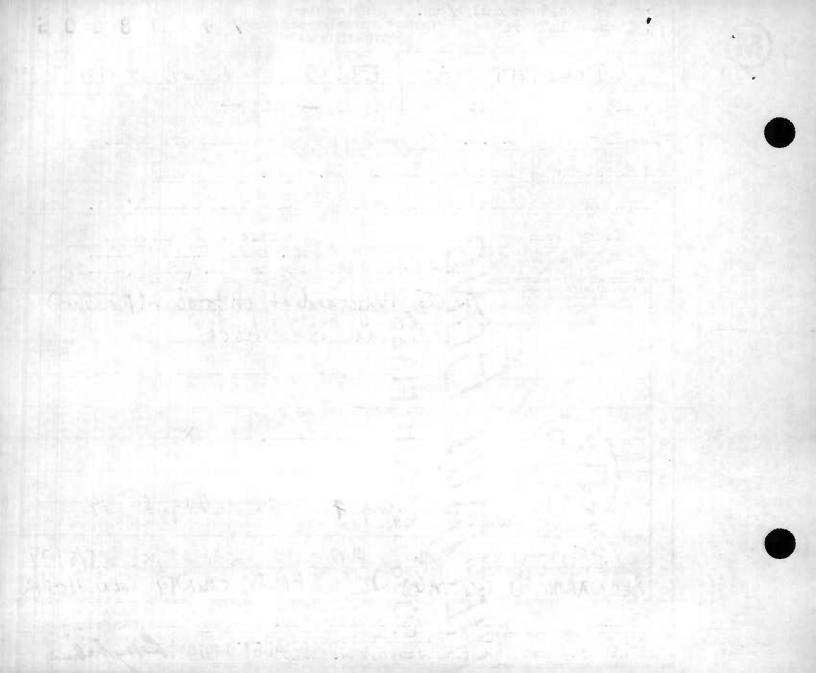
THE PARKSHAR SHE ST STREET ST.

Liberty Road Randallstown, MD. 2113

(VR A 15 (4))

STATE OF MARYLAND

Item #5&6 per phone call w/Fun.



		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	8806
1 may be rr, page 3 fter death		DECEASED NAME PRINT) Mitch	ell L	ERAUTH	August 12,	
je 4 may star, po s offer d	3	MALE	4 RACE CAUCASIAN	5 DATE OF BIRTH MONTH DAY YEAR 07 28 15	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
rath. Pagerol direct 72 hours.		BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?		Baltimore	COUNTY OF DEATH
s ofter de by the fun iled within	10	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR INSPECTOR	
24 hours filled in bould be fi	an 193	a STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 113d INSIDE CITY LIMITS?	13e. STREET ADDRESS 14	
markta ed within mpletely and 2 sh	14 3C	FATHER'S NAME FIRST	MIDDLE ERAUT	H 15 MOTHER'S MAIDEN NA		LAST
IMORE,	1 16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			ancelot DR.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The law requires that the death certificate be executed within 24 haurs or attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fille th and Mental Hygiene priar to burial, cremation, or removal. Onceded or them 18 shows any injury, or ather traumatic event, the medical examiner must be proposed.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	ATE CAUSE (6)	respiratory Arre		ion)
RDS, 20 equires t a signed Then ple r ta buria	200		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	ainal disease or conditio	ON GIVEN IN PART 1(0)
TALRECO	MOLIACIDITATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
PHYSICIAN T PHYSICIAN T ending physici this certificate the burial-transi ad Mental Hyg d or frem 18 sh	MEDICAL CER	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ACMINI	AY YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN IT	COUNTY STATE
PIVIS ATTENDING aspital or attended for use as the for use as the foruse as the forus and the forus are as the forus and the forus are as the forus and the forus are as the forus and		270 I certify that (this has sow the deceased alive a obove, (b) (we) (did) (did)	pital) attended the deceased from	August 12 19 79 79 , and that in (M) (our) opinion	death accurred on the date of	
PITAL OR by the har IERAL DIRE of defacthe State Dep ANT: If the		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	21237

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

DULANEY VALLEY 24 FUNERAL DIRECTOR

8/16/79

Howard B Cohen, MD

23b. DATE

230 BURIAL, CREMATION, REMOVAL ISPECENTIAL

COCKEYSVILLEBALTO.

9000 Franklin Square Dr., Balto. MD

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FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SQUING BUILDING TO THE EAST OF A THIN I WALL TO THE Local de actification de la real mail content de region of defeate. Cornel . groed man pulding as regiment with a stre-le-ties. Also DALAYARDED Control of the control of the last of the control of th and the state of t Current Domers & Home, 705 harmore. Filled buld b

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST . DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) 1979 SAMUEL FAVA AUGUST 8 6:45 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAYS HOURS White Male To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY BALTIMORE COUNTY WIDOWED DIVORCED Maryland 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Owner Produce Wholesale SAINT JOSEPH HOSPITAL TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
113c. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 706 Saylor Court Baltimore Maryland Towson YES [NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE D' Antoni Frank Fava Constance 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-10-4442 Mrs. Marianna R. Fava same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per ling for 101, the ond 151 Metastatic carcinoma of the lung PART I. DEATH WAS CAUSED BY: Carcinona IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? NON YES T NO [218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY

August Tune 22a.1 certify that (this hospital) attended the deceased from_ August 8 sow the deceosed olive on August 8 obove. (I) (we) (did) (did not view the body ofter death and that in (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

7620 York Road, Towson, MD 21204 Vincent Notarangelo, M.D. 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY

(SPECIFY) Baltimore Maryland Dulaney Valley Memorial Burial 8/10/79

ADDRESS Ruck Towson Funeral Home, Inc. 1050 York Road

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIG a Mebresole

CITY OR TOWN

COUNTY

STATE

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL I MPORTANT: ŧ BP.

DIRECTOR hospitol

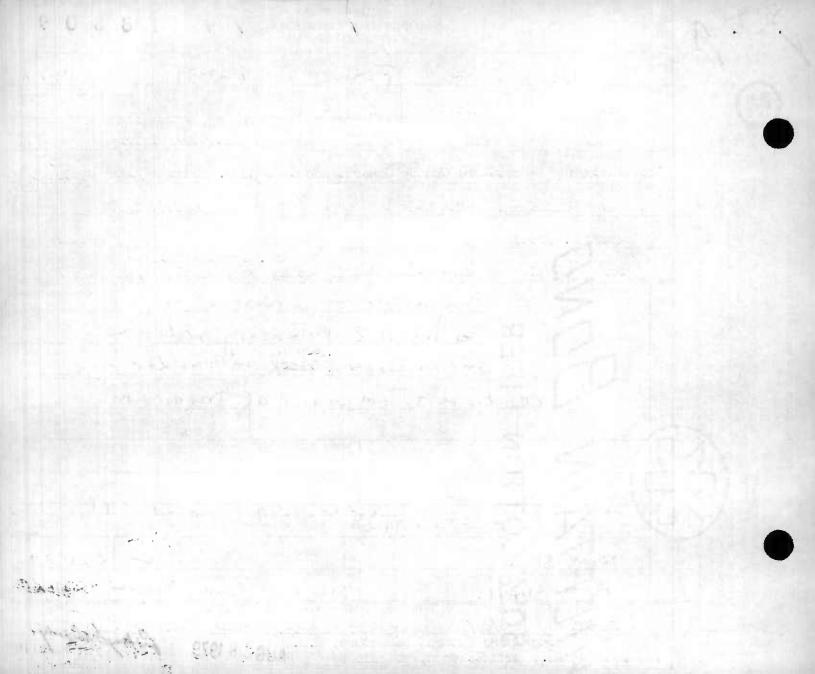
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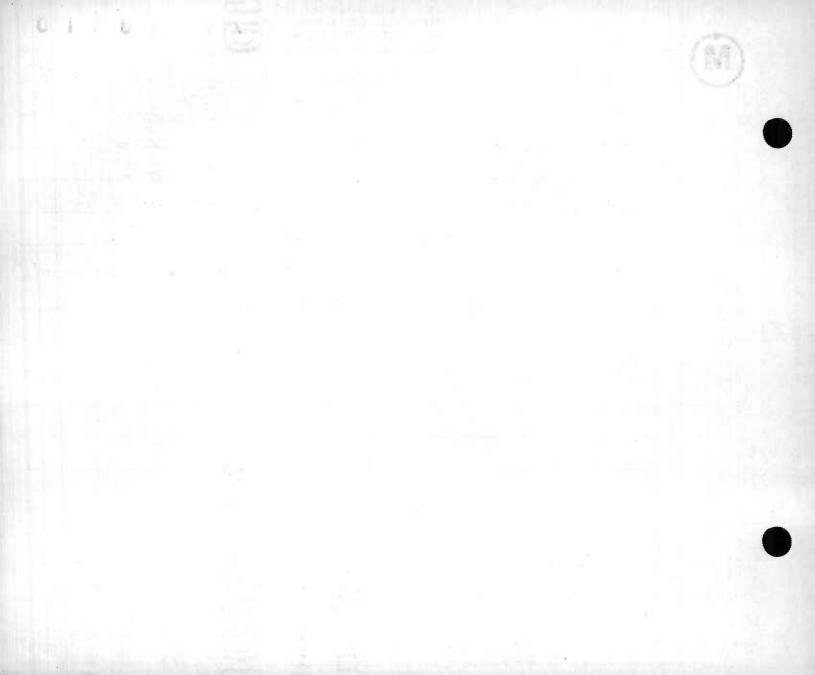
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1					E OF MARYLAND		
1	1.	FOR STATE	DEPA		EALTH AND MENTAL HY	GIENE 9	8809
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	a company
		CEASED NAME FIRST	MIDDLE	l l	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(Tite		von H.	V-E	4hE	8-27-79	11-27AM
	3 SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White	MONTH	3 09ª	70 YR	
-		RTHPLACE (STATE OF FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	
55		MD	USA	WIDOWE		Baltimore Con	
55		rndallstown	11. NAME OF HOSPITAL, NUI Baltimore Coun	REET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ASST. Trust Of	suff) IZB. KIND OF BUSINESS OR SUFF) INDUSTRY IST
	USU,	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Bank
35		MD Balti			YES NO X	3615 Latham 1	Road
	14 FA	THER'S NAME			15 MOTHER'S MAIDEN NA	ME	12
130		August J. Fet	the LAST		Florence	MIDOLE	Hottes
1	16a. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT Mrs	. Dorothy Fethe	
- 1	()	YES, NO OR UNKNOWN) (IF YES, GIVE	II $217-14-$	1189 A	3615 Lathom	Road, Baltimore	MD 21207
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b)		TOTO DOCUMENT	noda, barronnose,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY Paralias	Palmo	rary and	est 2º ta	BETWEEN ONSET AND DEATH
		LLII) - IMMEDIA	TE CAUSE (0)) (7,0	
		710	DUE TO, OR AS A CONSE	QUENCE OF	7 Dulman	am apolla	12
		Conditions, if ony, which gave rise to immediate	(b) (C) +T	2000	Shills	110000	
		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF	enci Shock	and propaly	(-
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0
	CERTIFICATION	(recute m.	11 2	170 carelie	21 Infarch	ion.
	AT	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED
2	Ē					YES NO NO	RTIFYING CAUSES OF DEATH? YES \(\begin{align*}
9	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	19	21f LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
			ital) attended the deceased fro	om	-27- 197	9 10 8-27-	
		sow the deceased alive an	of i view the body ofter death.	9 24.0	nd that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
		22b. SIGNATURE	The wind body offer deom.		DEGREE		22t. DATE SIGNED
		R.M. Sh	104		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	- 8-27-79.
	1	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS		
1		R. M. S	SHAH.		Baltimore	e County Fren	und Huspital
	23a. E	BURIAL, CREMATION, REMOVAL	L 23b. DATE	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	,	Burial	8/30/79	Everaro	en Memorial G	ardens Finksbu	ra Carront MD
	24 FL	NERAL DIRECTOR Loring	Byers Funeral	Direct	ors P. A. 250. DA	TE REC'D. BY REGISTRAR 25b	A STATE OF THE PARTY OF THE PAR
	87	28 Liberty Rd.	, Randallstown.	MD 21	133 AU	G 2 8 1979	/ /

DHMH - 16 50M 1/76 (VR A 15 (4))

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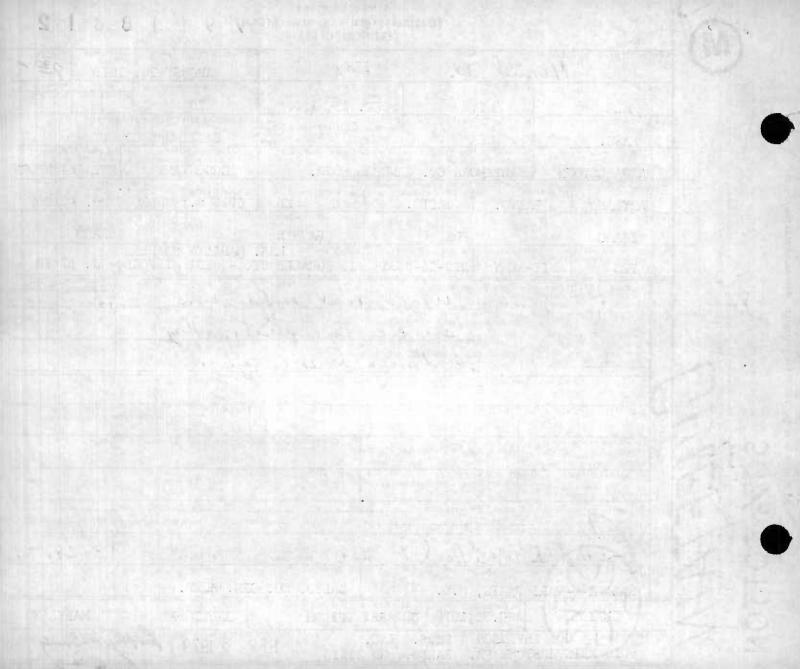
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	STATE REGISTRAR		MEI	DICAL EXAMINER	S CERTIFICATE C	OF DEATH REG	5. NO.	
	PE OR PRINT)	MARY	ESTHE	R FORSY	THE	20. DATE KNOWN OF ESTI- DEATH MATED	- 12,	YEAR 26. HOL
	male	White	DATE OF BIRTH MONTH DAY 9 28	04 74 YRS.	F UNDER 1 YR. 16 UNDER	MIN PRONOUNCED DEAD	MONTH DAY	1979 94 19
D.	STATE OF TOWN OF	f Columba		WIE	ARRIED NEVER MARR	ED Baltimon	TY <u>OR COUNTY OF</u>	M
	Catonsil:	le	913 Bar	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) Retail Sale	0	IND OF BUSINESS PRINDUSTRY Bired
13a.	STATE Md	136. COUNTY Baltim		13c. CITY OR TOWN Catonsville	13d, INSIDE CITY LIMITS? YES NO 💭	13e STREET ADDRESS 913 Bardswe	ell Road	
	ATHER'S NAME FIRST Samuel		A)DDLE	Sears	IS MOTHER'S MAID FIRST Clara	MIDDLE	Stron	
160.	YES, NO, OR UNKNOWN		R OR DATES)	217-05-7435		102 ^{AD} ranklin Balti	he Smeton more, Md.	
	18. CAUSE OF D	DEATH (Enter only of TH WAS CAUSED BY IMMEDIATE (Y: /	for (a), (b), and (c).			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEAT
	gave rise	if any, which to immediate ating the under-	(b)	AS A CONSEQUENCE OF			ý	
	lying cause		(c)	BUT NOT RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PA	IRT 1 (a),		
ICATION		FICANT CONDITIONS CON	(c)TRIBUTING TO OEATH I			RRT 1 (a),	20.	AUTOPSY?
CAL CERTIFICATION	PART 2 OTHER SIGNI 190 DATE OF O 210. EXTERNAL OUNDERLYING	PERATION CAUSE WAS	TRIBUTING TO DEATH I	INJURY MONTH DAY YEAR	N WAS PERFORMED?	ED (ENTER NATURE OF HUURY IN ITE	- 17	AUTOPSY? YES NO [
MEDICAL CERTIFICATION	PART 2 OTHER SIGNI 190. DATE OF O 210. EXTERNAL (UNDERLYING CONTRIBUTING 210. INJURY OC.	PERATION CAUSE WAS OR CAUSE OF DEA	19b. CONDIT	ION FOR WHICH OPERATIO INJURY . MONTH DAY YEAR . 19	N WAS PERFORMED?		- 17	
MEDICAL	PART 2 OTHER SIGNI 190. DATE OF O 210. EXTERNAL (UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 220. I certify the control of the	PERATION CAUSE WAS OR CAUSE OF DEA CURRED NOT WHILE AT WORK that I faak charge a	19b. CONDIT	INJURY MONTH DAY YEAR MONTH DAY YEAR ORY, FARM, ETC.)	N WAS PERFORMED? C. HOW INJURY OCCURRE LOCATION STREET utopsy	CITY OR TOWN	M 18 PART 1 OR PART 2)	YES NO [

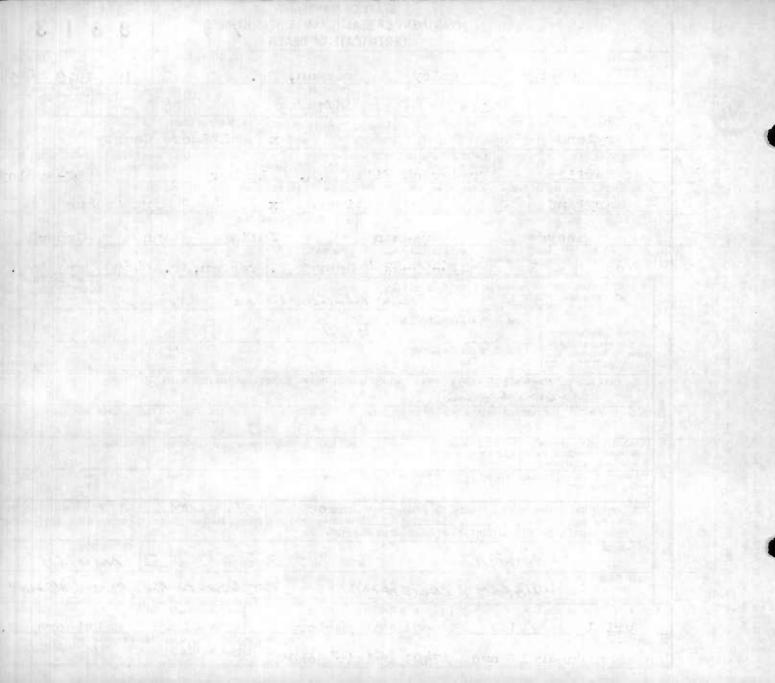
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BALTO., MD 21215

(VR A 15 (4))

6010 REISTERSTOWN RD.





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and Mentol Hygiene prior tabe burial-tronsit permit.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE OF DEATH REG. NO.								1 4
9	1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST		20 DATE	OF DE ATH	HINOM	DAY	YEAR	2b. HOUR
	HEL	EN N	1.	FRO	EHLICH				08	25	79	AM
	3 SEX	4 RACE	35-1-1-1	5. DATE C	OF BIRTH	YEAR	6. AGE (1	N YEARS LAST BIRT		IF UN	DER I YEAR	IF UNDER 24 HRS
	FEMALE	WHIT	CE.	07		03		7	6 YRS		DATS	HOURS MIN
	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED	9 BALTIA	MORE CITY O	R COUN	TYOFE	DEATH	A company
3	VIRGINIA	U.S.	Α.	WIDOW		ORCED	BAL	TIMORE	COUN	YTV		MD.
	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	TUTION		AL OCCUPATI			Ib. KIND O	F BUSINESS OR
)	CATONSVILLE	315	GRALAN R	OAD			HOM	EMAKER				
	USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d. INSIDE CI	TV I BAAITS 2	112a STREE	ET ADDRESS				
9	1.50.0	LTIMORE	CATONSV		YES	NO T		GRALAI	N ROA	AD.	2122	3
1	14 FATHER'S NAME			<u> </u>	15 MOTHER'S	MAIDEN NA			1 1101	120 9		
1	MTT.TON	MIDDLE	MORGAN			DA		MIDDLE			LAS	1
	160 WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMAL			ADDRE	SS			
		S, GIVE WAR OR DATES)	015 07	0000	DODTO	34A37 TT	TAIMED	0 275	OD A T	TART	DOAD	01000
1	NO		215-07-		DOKIS	MAY W	INIEK	s, 315	GRAI	AIN		21228
	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per AUSED BY	line for (a), (b) and	An A	1 '	2000	-	inn K	.71		BETWEEN	INSET AND DEATH
	I I I I I I I I I I I I I I I I I I I	DIATE CAUSE (0)	esuous	xc.	1 ours	VIE -	c di	uvery	MAY	m	α	
	7140		AS A CONSEQUE	NCE OF	moto	niad	160	W 16/1				
	Conditions, if any, which		o go ru	ry	avoue	WO V	rien	ouce				
	couse (a), stating the	DOL ICE	CONSEQUE	MEYOF	MARLA	anale	al.	1/1/1	1m01	AV	MAIN	
		(10)	NUTIUC	de	1700	arou	04	xxxyx	1100	icis	DYI	
	PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NO RELATED	TO THE TERM	NINAL DISE	ASE OF COM	DITION G	IVEN IN	PART 11c	1
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	MED	200 AL	JTOPSY?			RE FINDIN	
)	IF						YES	NO		YES T	CAUSES	OF DEATH?
ì		LICUP A		VEAD	21c. HOW IN.	URY OCCUR	RED (ENTER	NATURE OF INJUI	RY IN ITEM 18	B, PART 1 C	OR PART 2)	
	OR CONTRIBUTING CAUSE OF	OF DEATH	M. MONTH DA M	YEAR								
	(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE	OF INJURY		211. LOCATIO	N	-	10.0		-		
	WHILE O NOT WHILE O	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	A.		CITY OR TOV	VIN	C	OUNTY	STATE .
	22s.1 certify that (I) (this ?	ospitoligattended th	deceased from S	JIV	Q .	19 /10	, to	25 a	Ug	. 19	19	that (I) (we) fast
	saw the deceased aliv above, (I) (we) (did) (di		office deaths	9:0	that in (my)	our opinion i	meath occu	ried on the de	eterand h	our and	rom the	couses stated
	7% SIGNATURE///	The same of the sa	LIVI	1	DESTREE		-			-	22. DATE	SIGNED

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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FUNERAL DIRECTOR: After should be detached far use as with the State Dept. of Health

TO HOSPITAL

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 08-28-79 24 FUNERAL DIRECTOR

BRYSON.

23b. DATE

WOODLAWN CEMETERY

77. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN 25a. DATE REC'D.

BALTIMORE MD.

21229 ADDRESS INC., 4107 WILKENS AVE HUBBARD FUNERAL HOME,

23d. LOCATION CITY OR TOWN

ATTENDING MEDICAL STAFF

STATE

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	1 f	OR			DEPARTMENT OF	HEALTH	AND MENTAL H	IYGIENE O	- 1	0 9	0	200
	F .	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S	CERTIFICATE C	F DEATH	REG. NO	o. 0	2 1	3
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	SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN		24 HRS. 2c. DA		MONTH	DAY YEAR	2d HOU
L	Mal		White	Nov. 27		RS.	DATS HOOKS	DE,		US/ 2	2/ 1979	^
7	a. BIR	THPLACE (ST	'ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	ED NEVER MARR	IED I	MORE CITY	_		
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		odgers			Oumbarton Ro		Apt. D	FOR MOST OF W	eeper			
		ATE Cyland		or other institution, G ITY CLMORE	IL CITY OR TOWN RODGERS FO	ION)	13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS			1
-	_	_		lmore	Rodgers Fo	orge	YES X NO	131 Di	umbarto	n Rd.	Apt.	D
1	4. FA	Robert		MODLE	Fullem		15. MOTHER'S MAIDE Katie	NAME	MIDDLE	52.	LAST	
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ľ	6a. W	AS DECEASED S. NO. OR UNKNO NO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES}	16b. SOCIAL SECURIT		Mach 1 - 15	Th.77	ADDRESS			0
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ı		18 CAUSE O PART I DE	F DEATH (Enter an ATH WAS CAUSE	ily ane cause per line DBY:	far (g), (b), and (c).)	-	11	1-11	1 /	-	APPROXIMATI BETWEFN ONSE	T AND DEATH
ı		1/		TE CAUSE (a)	A Cut	2/1	140 Cds	deal a	nCar	2/	501	der
		410	is, if any, which	DUE TO, OF	AS A CONSEQUENCE	OF	1 /	10.5		1966	5+	
1		gave ris	e ta immediate		o en s	Na	13ed 1	4900	0		0 - 7	10
		lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUENCE	OF				1.030		
		BART 2 DINER CH	CHIEF CRUBITIONS	(c)								
L	z	TAKE 2 DIDEK 3R	SMITICANI CUNUILIUNS	COMINIBOTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL DISEAS	E DR CONDITION GIVEN IN PA	RT 1 (a).				
	5	19a. DATE OF	OPERATION	119h CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY	2
	CERTIFICATION				1 - MI					285	YES 🗆	NOM
	ER	21e EXTERNA	L CAUSE WAS	21b. TIME O	FINJURY	21c. Ho	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 181	PART I OR PART		NO
	ALC	UNDERLYING	OR NG CAUSE OF I		MONTH DAY YEA	R					- 1.30	
	MEDICAL	21d. INJURY C		21e PLACE	OF INJURY (AT HOME,		CATION					
	X	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		TREET	CITY OR	OWN	COUN	TY	STATE
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				D'	scribed above, held an	Autap		41277722		id in my apin	ian	
		death resulte	ed fram: Natur	ral causes	Accident , St	icide	, Hamicide	Undetermined	manner,		0	1
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1		SIGNATURE	CKNI	agresi	0 100 100	M	D. John A	MEDICAL EXA	MINER	SIGNED.	UINII	-/-
2		EXAMINER'S	NAME				ADDRESS					
2	3a. BU	RIAL CREMAT	ION,REMOVAL 2	73b. DATE	23c, NAME OF CE	METERY O	ADDRESSR CREMATORY	123d. LOCATION				
	(SP	Buri		Aug. 24,1				Baltim		COUNTY	Marvla	ata Do
2	4. FÚ	NERAL DIREC						REC'D. BY REGIST		STRAR'S SU	I Charles	,
		Leona	rd J. Ru	ck. Inc.	Balto: .M	d.	AUG	4 4 19/9	P	Links	7	CO.

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-	8	h.	FOR STATE REGISTRAR	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	9 REG. NO	o.	8	8	1	6
(M)		CEASED NAME FIRST OR PRINT)	MIDDLE	Ļ	AST	20 DATE C	F DEATH	MONTH	DAY	YEAR	2b. HO	UR 10
V			FRANK			ENG			8	18	1979		PM
		3. SE		4 RACE	5. DATE C		& AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS	DER I YEAR	IF UNDER	R 24 HRS
urs a			Male	White	May	31 1900		79	YRS				
ne funeral direc within 72 hours lied of once.	25	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED D		ORECITY O		or of D Coun			MD.
by the fu	90		TOWSON ON SON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, MANOR CARE TO	ADDRESS)	ROTHER INSTITUTION 50 9 E VOPPA Rd	LITYPE OF WO	OCCUPATION HOSTO	F WORKING L	LIFE) IN	L KIND O		
filled in bould be fi	25	USU/ 13a S	AL RESIDENCE (IF NURSING HOME COLTATE \$136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION]	13d. INSIDE CITY LIMITS?		ADDRESS Glen	70 - 7	1 1	Md.	212	
sh sh	12		THER'S NAME Joseph	MDDLE Gaeng		15 MOTHER'S MAIDEN NAMERS IN MALTY		MIDDLE		15	hal		
0	6-24	16a. V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT Son:		ADDRE	ss Bal			212	:04
recon and colors. Pages		()	es, no or unknown) (if yes, gr	219-22-8	8827	Kenneth J. G	aeng		Dix D				
been signed by the attendin rmit. Then please remove corb prior to burial, cremotion, or		ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CA OF CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	SAF	SE OR CON			PART 10		D
hysicion. icote hos tronsit perm Hygiene p		CERTIFICATION	21a ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		Tay How buyer occurs	YES 🗌	NO 🗌	IN CERT	IFYING	CAUSES		TH?
ng phys certifico rriol-tror ental Hy them 18			OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR	216 HOW INJURY OCCURR	CED (ENIERN	ATURE OF INJUI	IT IN HEM 18.	PARTIO	KPART2)		
After this e os the bu	5	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOW	/N	со	YINU	s	STATE
or hospital DIRECTOR: Ched for us Dept of He			226 I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	of the body ofter death.	77 000	d that in (my) (aur) apinion of	MEDICAL	ed on the do	F				toted
TO FUNERAL E should be detoi with the State E	1		224 PHYSICIAN'S NAME (TYPE) WALTER	or print) Kees		22e ADDRESS		Rd,	MoN	ıK+	ON	M.	۵
ট ⊬ র <u>র</u> BP		23a E	urial, cremation, removal Burial			emetery or crematory ly Redeemer	Ba	or town	re	COUNT	Mar	vlan	TATE d
DHMH-16 20 (VRA 15, 4) 7,			NERAL DIRECTOR NAME Leonard J. Ruck	ADDRESS Baltimo	re, M	0.110	g 2 2 1	registrar 1979	23h REGIS	TRAFS	SIGNAT	Cread	4



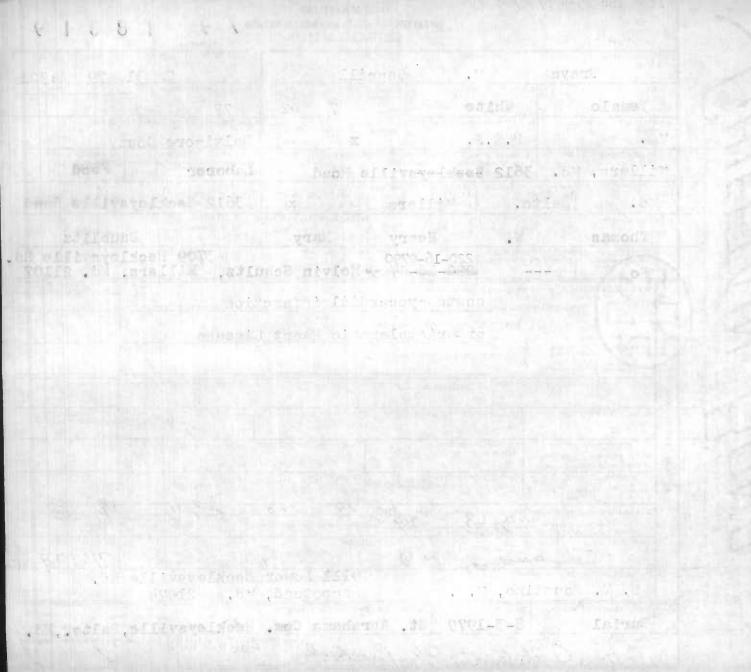
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i		EASED NAME	FIRST		WIDDLE		LAST	20	DATE KNOW	/N C MONTH	H DAY	YEAR 76. HO
	(111)	(Ottmar	Jo	seph	Gaste	1		OF ESTI-	D Aug	gustl	79
ı	3. SEX	4.	RACE	S. DATE OF BIRTH	6. AGE	(IN YEARS IF UN		DER 24 HRS. 26	DATE ONOUNCED	MONTH	DAY	YEAR 2d. HC
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2	7a. B	REIGN COUNTRY)	ž OR	76. CITIZEN OF V	HAT COUNTRY?		ED NEVER MA	ARRIED L	BALTIMORE C			
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١		4410		TE CAUSE (a)	R AS A CONSEQUE	NCE OF	0 - 1	ucu,	V2m		- Chr	slow
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1		cause (a) sta	ta immediate ating the under-	DUE TO, O	R AS A CONTEQUEN	NCE OF			unu	- Carlo	- 1	The
ı		lying cause	ast.	(c)							244	
		PART 2 OTHER SIGNI	ICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE	E TERMINAL DISEASE	OR CONDITION GIVEN I	N PART 1 (a)				
-	CERTIFICATION	19e. DATE OF OI	250 1 740 1									11.38
2	FICA	198. DATE OF OI	PERATION	196. COND	ITION FOR WHICH	OPERATION W	AS PERFORMED?				20. AUT	174
ã	ERTI	21a. EXTERNAL (AUSE WAS	21b. TIME C	PF INJURY	121c HC	OW INJURY OCCU	BDED TENTER NA	TURE OF INHURY IN IT	FM 18 PART 1 OR	YES	□ NO [
ı	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF I			YEAR		MILE (
ı	MEDICAL	21d INTURY OCC	CLIPPED	21e. PLACE	OF INJURY (AT HO	ME, 21f. LOC	CATION		100			7-3-
-	×	WHILE AT WORK	T WORK	STREET, FA	CTORY, FARM, ETC.)	S	TREET		ITY OR TOWN	C	COUNTY	STAT
				e of the remains de	scribed abave, held	an Autop	sy , Inspe	ction X	Inquiry ,	and in my	apinian	200
1		death resulted	fram: Natur	al causes	Accident .	Suicide .	, Hamicide		nined manner	□.		
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4		SIGNATURE	4	exu	sala	worl to	D. 101	MEDIC	AL EXAMINER	DATE	VED_	2/179
2	reli	EXAMINER'S NA	ME TOOL	or N V	olman M	D	ADDRESS 68	21 Poi	sterst	Own P	bso	1
-	23a B	(TYPE OR PRINT)			olman, M.	CEMETERY O	ID D NEO O			OWII R	Jau	
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1	24. FI	INERAL DIRECTO	RLorin	g Byers	1979 Lor Funeral	Direc	ctors250. DA	TE REC'D. BY R	GISTRAR 25b.	REGIS RAP'S	SIGNATUR	Maryl
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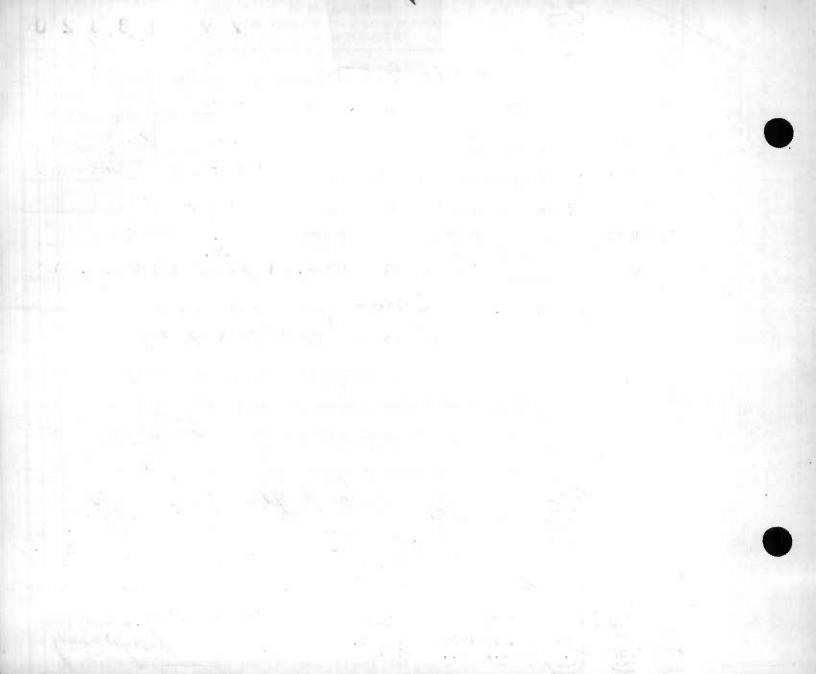
Any					ATE OF MARYLAND	
X	1	11-	FOR STATE		HEALTH AND MENTAL HYGIENE	9 18818
-	(B.B.)		REGISTRAR		NER'S CERTIFICATE OF DEAT	REG. NO.
	HAND IN		CEASED NAME ACUB	MIDDLE	1AWRYS	DATE KNOWN MONTH DAY YEAR 126. HOUR OF ESTI- DEATH MATED 8 3 119 9 12 M
	ANY, PLEA DIRECTO OUR FILE 72 HOR	J SEI	ale White	S. DATE OF BIRTH MONTH DAY FEB 1847 S. DATE OF BIRTH LAST BIRTH CAST BIRTH C	DAY) MONTHS DAYS HOURS MIN. PR	DATE MONTH DAY YEAR 24 HOUR CONOUNCED
	and the second	76 B	RTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	YRS. 9.	BALTIMORE CITY OR COUNTY OF DEATH
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	DELAY IS NO THE PAN PAGE SON WOOD SON W	P:	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FARTTY GIVE STREET ADDRESS TO THE NEW YORK OF THE NEW YORK	ust 21237 Long	L OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY SHOPEMAN
21201	IF ANY DELA 3. RETAIN PA SHOULD BE I	13a. S		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIT	13d. INSIDE CITY LIMITS? 13e. STREE	TADDRESS hurst 21237
	S 1. 2. S 1. Z 5	14. F/	THER'S NAME FIRST CLUMENT	MIDDLE GALLE	15. MOTHER'S MAIDEN NAME FIRST PART PART	MIDDLE KACZINARSK
BALTIMORE, MD.	1 - 2 A B	16a. V	AS DECEASED EVER IN U.S. ARA	AED FORCES? WAR OF DATES VIL W 17 213-10-48	ITY NO. 17. INFORMANTALE	ADDRESS d. Anna C. Gawrys
T., 8AL	HOURS AFTE A 18. GIVE P JG WITH FC MIT. PAGES JE, DIVISION			y and couse per line far (a), (b), and (c).)	7 1700 EEEMINESS II	APPROXIMATE INTERVAL
W. PRESTON ST.,	124 ITEA NLON PER GIEN		4299 IMMEDIAT	E CAUSE (a) 17 TULLO . DUE TO, OR AS A CONSEQUENCE		Vacanter Dee MIR
A. PRE	CUTED WITHII IN PENCIL IN IN EXAMINER JRIAL-TRANSI' ID MENTAL H I, OR REMOVA		Canditions, if any, which gave rise to immediate cause (a) stating the under-	(b)	: OF	
301	EXECUTED WITHIN UG". IN PENCIL IN CAL EXAMINER A BURIAL-TRANSIT A A BURIAL-TRANSIT AND MENTAL HY ION, OR REMOVAL		lying cause last.	(c)		
CORD	BE EXIDENCE AND	NOI		<u>DNTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TE		
ITALRE	S # S	IIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	RATION WAS PERFORMED?	20. AUTOPSY? YES □ NO □
DIVISION OF VITAL RECORDS,	FICATE WCOULD B RIMEN O BUR	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AR 21c. HOW INJURY OCCURRED (ENTER NAT	
DIVIS	LER: THIS CERTING ATE, WRITING FORWARDED TO THE STATE DEPARENCE TO THE STATE DEPARENCE TO THE STATE DEPARENCE TO THE STATE THE STATE TO THE STATE	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	EITY OR TOWN COUNTY STATE
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 212		THE RESIDENCE OF ALL LINES OF	e of the remains described above, held an al couses (, Accident ,	Autapsy , Inspection .	Inquiry , and in my apinian
	AL EXAL HE CERT HOULD AL DIRE ITH. WIT E, MARYL		ACTUAL SIGNATURE	C. Hyle	M.D. Of Leg MEDICA	AL EXAMINER SIGNED 8-31-79
	MEDICAL ECUTE THE GE 4 SHO FUNERAL TER DEATH	-	EXAMINER'S NAME (TYPE OR PRINT)	HN C. Hyle	ADDRESS 152713 de	un Rel Bull, 21236 Xcl
	BP PAGE	23a.B	Burial S		tanislaus 23d toco	ation county state timore Maryland
	DHMH - 17	24. FI	INERAL DIRECTOR	ADDRESS	250. DATE REC'D. BY RE	
	(VR A15 ME (5)) 15M 7/77			Inc. Baltimore	Maryland SEP 5 19	179 propery selvedy

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10	11-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 1 7
m.e		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
y be		Treva	5.47	Gemmill	7 3	1 79 8:30
ge 4 moy	3. SE	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 2 7 02	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	MONTHS DAYS HOURS MIN
72 For		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUP	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Co	
by the fune filed within?		illers, Md.	11. NAME OF HOSPITAL, N UF NOT IN SUCH FACILITY, GIVE 3612 Beek 1	JURSING HOME OR OTHER INSTITUTION E STREET ADDRESS) PYSVILLE Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS C
hin 24 hours tly filled in Eshould be fi	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	136 SIRSEI ADDRESS 3612 Beckle	ysville Road
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physician on popers. Pemoval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE			IUI DZ. IZIII GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
been signed by rmit. Then please prior to burial, cr	ATION	PART 2. OTHER SIGNIFICANT (IG TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
he le	CERTIFICATION				YES NO Y	FYING CAUSES OF DEATH?
phys phys fifico liftroi of Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONT		RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
DING PHYSIC or ottending After this cer is as the burio ofth and Ment marked or Itel	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hosp		from 1976, and that in (my) (our) opinion	n death occurred on the date and ho	, 19 <u>79</u> , that (I) (we) i
the horten		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body offer deoth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/3//7 9
TO HOSPITAL etoined by the Should be det with the Stote		D. V. Faus		** MPRSSLowe:		e Rd.
PP	230.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	8-3-1979	23c NAME OF CEMETERY OR CREMATORY St. Abrahams Cem	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 25M (VR A 15 (4)) 9/74		UNERAL DIRECTOR	Her ten Stein			JBER'9SlOVATINE CLASS



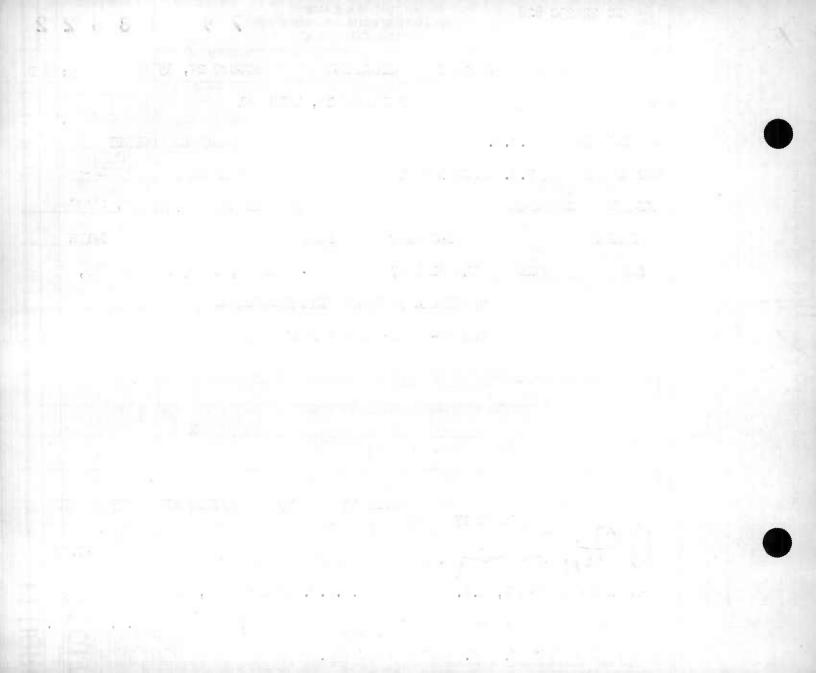
	-			STATI	E OF MARYLAND				
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must be	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION, GIVE RESIDITY	ence before admission) OR TOWN I Timor 12	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	terav.	٤.	
wine	14. FA	THER'S NAME	AIDDLE	LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
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medicol	16a V	VAS DECEASED EVER IN U.S. AR/ es, no or unknown)	WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	Jr ADDRE			
the me		no	401-	-28-2461	Gwyn R. Gi	bson 6403	Falkir		212
1001		Canditions, if any, which	(b)	ONSEQUENCE OF	rachnoid	hemore	hoge		
burial, crematian, ar i ry, or ather traumotic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TERM	hemoss INAL DISEASE OR CONE	DITION GIVE	N IN PART 1(a	1
njury, or	ATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF		NEMOSS INAL DISEASE OR CONT	206 JEYES,	WERE FINDIN	GS USED
ws any injury, ar	TIFICATION	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ONSEQUENCE OF			206 JEYES,	WERE FINDIN	GS USED
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or Hem 18 shows any injury, ar		gave rise to immediate cause (a), storing the underlying couse last. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 11F EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	ONDITIONS CONTRIBUTE 1% CONDITION FO 216 TIME OF INJURY HOUR A.M. MO P.M. 216 PLACE OF INJURY	ONSEQUENCE OF TING TO DEATH BUT OR WHICH OPERATION (NTH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	206 JEYES, IM CERTIFY YES Y IN ITEM 18, PAR	WERE FINDING CAUSES (GS USED OF DEATH? NO
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21 is marked at them 18 shows any injury, or		gave rise ta immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (1) (this haspit saw the deceased alive an obove, (1) (we) (did) (did an obove, (1) (we) (did) (did not)	ONDITIONS CONTRIBUTION 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 198 CO	ONSEQUENCE OF TING TO DEATH BUT OR WHICH OPERATION (NTH DAY YEAR 19 RY, OFFICE, FARM, ETC.)	211 LOCATION PREET 19 d that in (my) (aur) apinion of	200 AUTOPSY? YES NO	206 IE-YES, IN CERTIFY YES	WERE FINDING CAUSES (GS USED OF DEATH? NO 4 STATE
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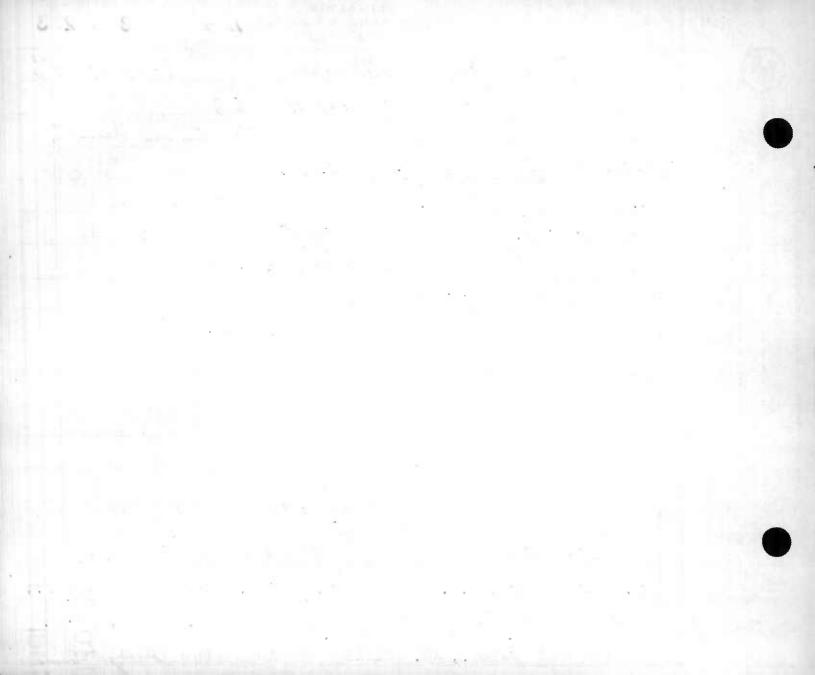
To Deceased Name First MIDDLE LAST 20. DATE OF DEAT ROBERT L. GIBSON AUGUST 3. Sex 4. Race 5. Date of Birth Month Day Year Month Day Year Aug. 7, 1912 66 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED NEVE	2, 1979 11:00
ROBERT L. GIBSON AUGUST 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR Male White Aug. 7, 1912 66 76. CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED NORCED Maryland USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUI	I BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
3. SEX Male White White Aug. 7, 1912 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland USA WIDOWED DMORCED PATITI 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUI	I BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
Male White Aug. 7, 1912 66 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED WE NEVER MARRIED 9. BALTIMORE CITY MIDOWED DIVORCED BATTIT	YRS.
76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITED	Y OR COUNTY OF DEATH
Maryland USA WIDOWED DIVORCED BATTT 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUI	
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MC	ATION 128. KIND OF BUSINESS OF STOF WORKING LIFE) INDUSTRY
TOWSON St. Joseph's Hospital Manuf	acturer's Rep.
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 136. STREET ADDRE	ss
	cock Road
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE FIRST MIDDLE FIRST FIRST MIDDLE FIRST FIR	
Robert S. Gibson Katherine M. Leimbur	DDRESS
(YES, NO OR UNKNOWN) (IF YES, GNE WAR OR DATES)	
NO 577-01-5967 Mrs. June V. Gibson	same as # 13 e
Conditions, if ony, which gove rise to immediate couse to , stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO.	ONDITION GIVEN IN PART 1(0)
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO. 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 197. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 197. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 197. TIME OF INJURY	20b. IF YES, WERE FINDINGS USED
¥E NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTION OF DESTREE FOR MAINTING TO DESTREE FOR THE STATE OF TH	INJURY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A	RTOWN COUNTY STATE
WHILE NOT WHILE NOT WHILE	
	STAFF STAFF 8/2/79
PHYSICIAN DIRECTOR PH 22d PHYSICIAN'S NAME (TYPE OR PRINT) CHUNG KIEL PARK 7620 YORK RD. TO	OWSON, MD. 21204
236 BURIAL, CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 236. LOCATION (17) GROWN	COUNTY STATE
Darrar of 17 19 Darrary (alle)	more Maryland
Ruck Towson Funeral Home, Inc. 1050 York Road AUG 6 1979	RAR 256 REGISTRAR'S SIGNATURE

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2	cc	THPLACE (STATE OR FOI UNTRY) NNSYLVANTA		ITIZEN OF WHAT CO	UNTRY? MARRIE	D NEVER MARRIED	BALTIMORE CITY O	_		
9	10 CI	Y OR TOWN OF DEAT	TH 11.			OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND INDUSTR	OF BUSINESS
\$10	FC	RT HOWARD	V.		L CENTER		CARPENTE			-EMPLOY
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愈30)	WILLIAM	WIDDLE		LCHRIST	MARY	MIDDLE			YER
0 1		AS DECEASED EVER I		FORCES? IN SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	GW.	Tent
Page /	(A)	YES	WWI		01 1527	HELEN D. GII	LCHRIST, 21	LA VEI	RN AVE	NUE
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to burial, cremation, or r njury, ar ather traumatic	FICATION	PART 2 OTHER SIGN	IFICANT CONE	OITIONS CONTRIBUTE		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVI	EN IN PART I	lto:
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Dept of Health and Mental Hygiene prints f hem 21 is marked at Item 18 shows any i	WEDICAL WEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING COME CONTRIBUTING COME CONTRIBUTING COME COME COME COME COME COME COME COME	ERLYING	PIDE TIME OF INJURY HOUR A.M. MON P.M. The PLACE OF INJURY AT HOME, STREET, FACTORY ATTENDED TO THE HOUSE OF	d from APRI 19 79 , or	211. LOCATION 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS V.A.M.C. FOR	YES NO NO NET PRED LENTER NATURE OF INJUSTION OF TO AUGUST death accurred on the death	IN CERTIFY YES WN 27 late and hour FF CIAN X	COUNTY	STATE STATE , those (1) twe) is eccuses stoted (E SIGNED 27/79



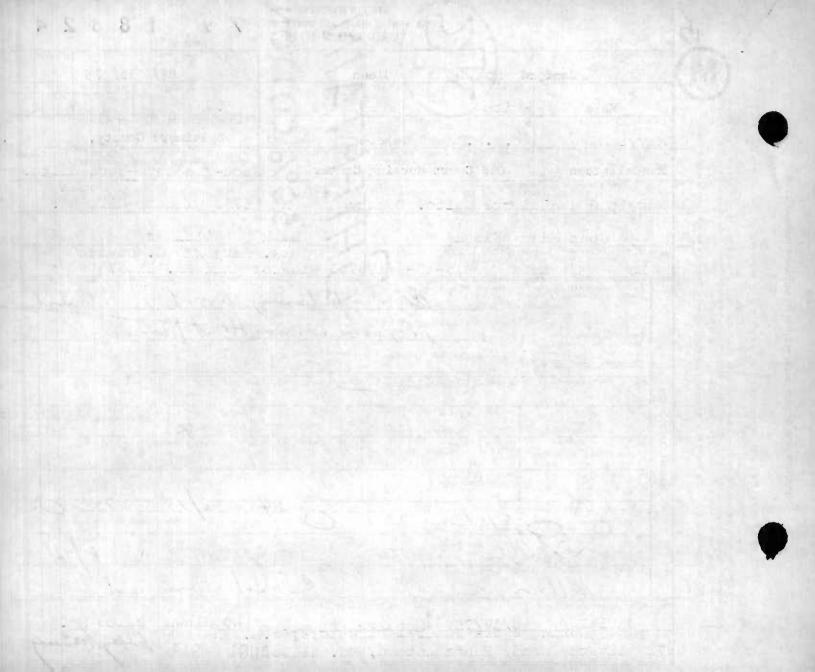
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 25. HOUR 1 DECEASED NAME 2s. DATE OF DEATH MONTH (TYPE OR PRINT) RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS YRS TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED USA Maryland WIDOWED DIVORCED ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker Own Home SUAL RESIDENCE IN HUSSING HOME OF OTHER INSTITUTION, GR RESIDENCE BEFORE ADMISSION 134. STREET ADDRESS 5220 York Road Balto. Md NO [YES X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE Yewell liam Nannie Carter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Same Glass Bill APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic). PART I DEATH WAS CAUSED BY raun IMMEDIATE CAUSE (0 A CONSEQUENCE OF neumm Canditians, if any, which gave rise to immediate cause (a), stating DUE TO: OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOK YES [NO [Mental Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED ā 21s PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a I certify that ((this haspital) attended the deceased fram. sow the deceased alive an and that in (aur) apinion death accurred an the date and haur and from the causes stated obove, (h.(weftdid) (elid nat) view the body ofter death 22h. SIGNATU DEGREE THE DATESIGNED 0 ATTENDING MEDICAL STAFF e deta State DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b MPORT Celiar Parra. M.D. Perring Pky. Nursing Home shoul 0 231 NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial STATE COUNTY Dulanev Valley Balto. County, Md. Jenkins Sons Co. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Henry DHMH-16 20M (VRA 15, 4) 7/7B York Road Balto. Md 21212



4 may be

			STATE OF MAKTLAND						
-1	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		8 8 2 4				
1 0	ECEASED NAME FIRST	MIDDLE	LAST	REG, NO. 20 DATE OF DEATH MONTH	DAY YEAR 75 HOLIR				
	PE OR PRINT)				70 1100K				
3 SE	Sanf	ord Norwood	Glenn Is date of Birth	08/	15/ 79				
30			MONTH DAY YE	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN				
	Male BIRTHPLACE (STATE OR FOREIGN	White	3/20/1899	80 YRS					
4	COUNTRY)		MARRIED LI NEVER MARRI	BALTIMORE CITY OR COUN					
í	aryland	U.S.A.	RSING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS O				
Ī	andallstown	(IF NOT IN SUCH FACILITY, GIVE ST	reet address) Nursing Center	TYPE OF WORK FOR MOST OF WORKING Sect-Treasure	LIFE) INDUSTRY				
SL		E OR OTHER INSTITUTION, GIVE RESIDENCE B			Hotel				
_	aryland Ba	ltimore Balto		0=00 :-: 7					
_	ATHER'S NAME	Part Ble Department	15 MOTHER'S MAIL		·				
	John Ad	dama Glenn	FIRST	mma Williams	ŁAST				
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS		rs. Marjorfesc.	DeVier				
-	2.7	GIVE WAR OR DATES)		dsor Mill Rd. 21					
=				dsor Hill Rd. 21	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	BETWEEN ONSET AND DEATH							
	IMMED	muci.							
	Conditions if any which Due TO, OR AS A CONSEQUENCE OF Coronary Heart Miscarl								
	Conditions, if any, which gave rise to immediate	e rise to immediate							
	couse (a), stating the Underlying couse last DUE TO, OR AS A CONSEQUENCE OF								
		ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							
z	PART 2 OTHER SIGNIFICAN	HE TERMINAL DISEASE OR CONDITION G	GIVEN IN PART 1(0)						
CENT CALLO	190 DATE OF OPERATION	19h CONDITION FOR WH	TICH OPERATION WAS PERFORMED	200 AUTOPSY? 206, IF Y	ES, WERE FINDINGS USED				
	DATE OF OFERATION	178 CONDITION TOR WIT	TICH OF ERATION WAS FERT ORMED	IN CER	TIFYING CAUSES OF DEATH?				
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21, HOW INTHRY	OCCURRED (ENTER NATURE OF INJURY IN ITEM 1)	YES NO				
	OR CONTRIBUTING CAUSE OF		DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN TIEM T	B, PART I OR PART 2)				
	(IF EITHER, NOTIFY MEDICAL EXAMI		19						
	21d. INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	AT WORK AT WORK			111					
	220.1 certify the (I) this hospital) attended the document from 19 67, to 8/13, 19/9, the (I) (We) I								
	saw the deceased alive in oboy alive and that in (my) (dur) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did (did not be an above of the date and hour and from the causes stated								
	22b. SIGNATURE	200 AFDICAL CTAFF	22c. DATE SIGNED						
	1	DING MEDICAL STAFF	8/16/19						
	220 PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS	1//	, !				
	1011	10	Rd	h 14//5/2mm, 0	nd.				
a.	BURIAL, CREMATION, REMOV	AL 23b. DATE 2	23c. NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION	COUNTY STATE				
	Burial .	8/17/79	Woodlawn Cemet	CITY ON TO THE	Balto Md.				
24 F	UNERAL DIRECTO LOL LI	ig byers rulle.	rai Directors	THE C'D. BY REGISTRAR IS NEG	STRACE SIGNATURE				
17	28 Liberty	Road Randalls	stown, Md. 211	33AUG1 6 1979	and word				

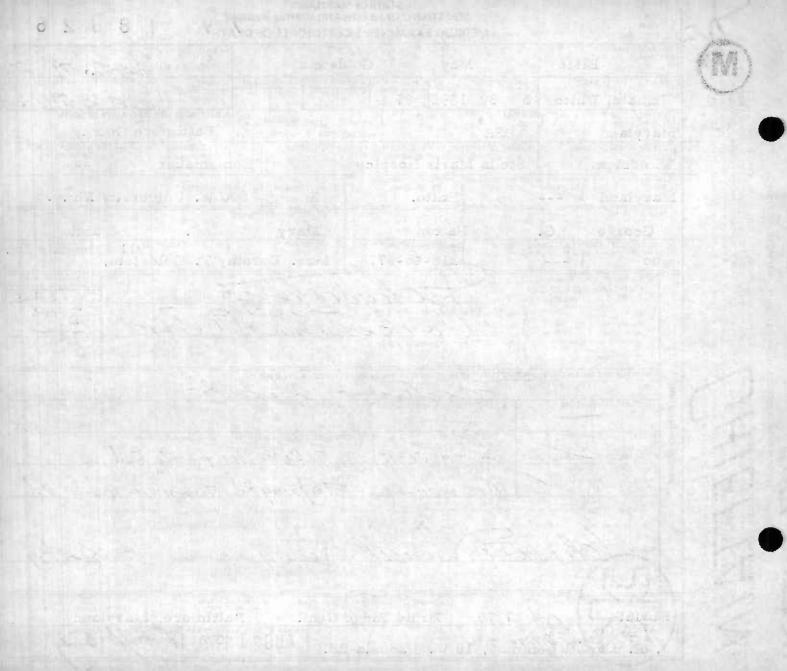
DHMH - 16 50M 7/77 (VR A 15 (4))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN (TYPE OR PRINT) GERALDINE GOLDSBOROUGH DEATH MATED 1. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED FEMALE WHITE June 18, 1906 73 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY US Baltimore County Maryland WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1114 B Edmondson Ave. Catonsville State of Maryland-retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS
6114 B Edmondson Ave. 13c. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland Catonsville 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME DIVISION OF VITA Gallagher Wallace Kathryn Goldsborough 21228 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) HEYES GIVE WAR OR DATES! 214-14-2516 Kathryn G. Zins, 1927 Drummond Rd. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0]. CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, NO [PAGE 3 SHOULD BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21e. PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE SHOULD BE FORN
ERAL DIRECTOR: P
EATH, WITH THE SI
DRE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA EXAMINER'S NAME (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Baltimore. New Cathedral Cem. Maryland Burial BP. 1630 Edmondson, Ave., Catonsville.MD 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) Witzke Funeral Home of Catonsville, P.A. 21228 30M 7/73

L. . . If the part of t the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN Pb. HOLK (TYPE OR PRINT) ESTI-Elsie May Goldstein DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED 87 YRS White 1892 Female 30 DEAD Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA Baltimore County WIDOWED A DIVORCED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Stella Maris Hospice FOR MOST OF WORKING LIFE! Homemaker Timonium USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 136. 500 W. University Pkwy. Balto. 13d. INSIDE CITY LIMITS? Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE George Hatton Mary Martin 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS 911 Ellendale Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-46-6778 Mrs. Dorothy T. Goldstein. no DIM APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause pe e far (a/, (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURIA HEALTH AND A CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 20 AUTOPSY? ORWARDED TO THE CHIE R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF I YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY UNDERLYING 3 TRAKTUA CONTRIBUTING - CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARTICAND 212 Inspection X 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Accident X death resulted frame Natural causes Hamicide Undetermined manner TITLE (SPECIFY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 8/27/79 Baltimore, Maryland Burial Druid Ridge Cem. BP 250. DATE REC'D, BY REGISTRAR 251 GISTRAR'S SIGNATURE AUG 3 1 1979 24. FUNERALD RECTOR **DHMH-17** (VR A15 ME (5)) E. Lowell Lemmon, 10 W. Padonia Rd. 15M 7/77



	TAT	E OF M	ARYL	AND	
PARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CE	RTIF	ICATE	OF	DEATH	

DE

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REG.	NO			-0.1	
E OF DEATH	MONTH	DAY	VEAD	201	LIOLI

REGISTRAR		
EASED NAME	FIRST	N
	JOSEPH	
	4 RACE	
Male	Wh	nite

GORDON DATE OF BIRTH

lovember 26,1908

MARRIED NEVER MARRIED

DIVORCED

70

AUGUST 21 DAYS

13e STREET ADDRESS

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY 12a LISUAL OCCUPATION

Merchant Marine

126. KIND OF BUSINESS OR

TTYPE OF WORK FOR MOST OF WORKING LIFET

INDUSTRY Seafaring

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

8:00

HOURS

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) SAINT JOSEPH HOSPITAL TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 1137, CITY OR TOWN

18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic

Baltimore Lutherville

76 CITIZEN OF WHAT COUNTRY

U.S.A.

13d INSIDE CITY LIMITS?

Acute myocardial infarction

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

> NO X 15 MOTHER'S MAIDEN NAME

1204 Dublin Court MIDDLE

14. FATHER'S NAME Henry

(YES, NO OR UNKNOWN)

TO BIRTHPLACE ISTATE OR FOREIGN

IS CITY OR TOWN OF DEATH

DEC (TYPE

3 SEX

COUNTRY New York

13a STATE

Maryland

filled buld b

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be detached the Stote Dept.

FUNERAL I

±

MPORTANT

18 shov and Mental Hygie

or Item

MIDDLE

Gordon 166 SOCIAL SECURITY NO

078-07-3076

Bernadette 17 INFORMANT

Buckley

Mrs. Doris A. Gordon 1204 Dublin Court

PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate

couse (o), stoting the

underlying couse lost

I O DATE OF OPERATION

21d. INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

(IF FITHER NOTIFY MEDICAL EXAMINER

sow the deceased alive, above, obove, (we) (did) (and

OR CONTRIBUTING T CAUSE OF DEATH

NOT WHILE AT WORK

16g WAS DECEASED EVER IN U.S. ARMED FORCES

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

2Bn ALITOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

COUNTY STATE

August 21 79° , and that in (M (our) apinian death accurred on the date and hour and from the couses stated

226. SIGNATURE

220.1 certify that X (this haspital) attended the deceased from August

August

22ª ADDRESS

211 LOCATION

DEGREE

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN 22r DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Henry S. Crist, M.D.

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

7620 York Road, Towson, MD 21204 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

STATE COUNTY Maryland

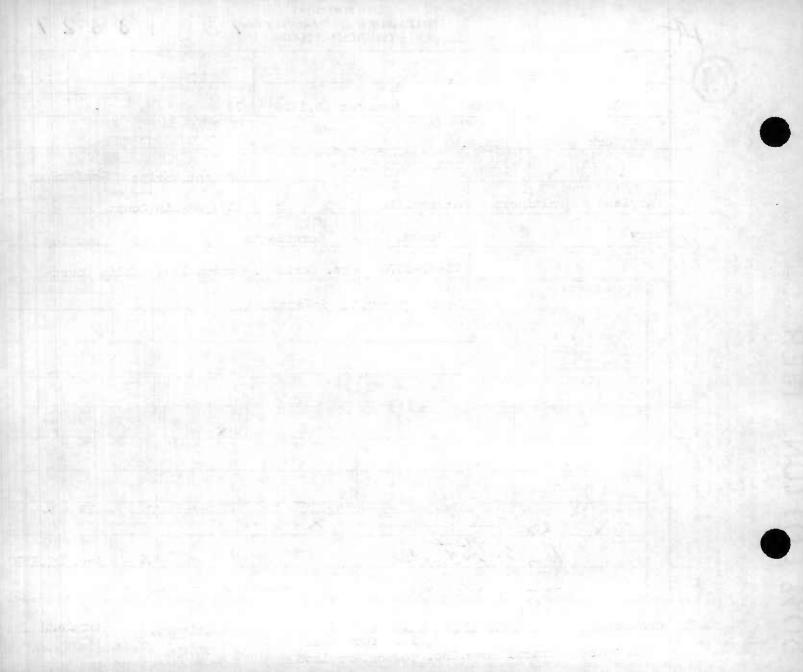
24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

CERTIFICATION

MEDICAL

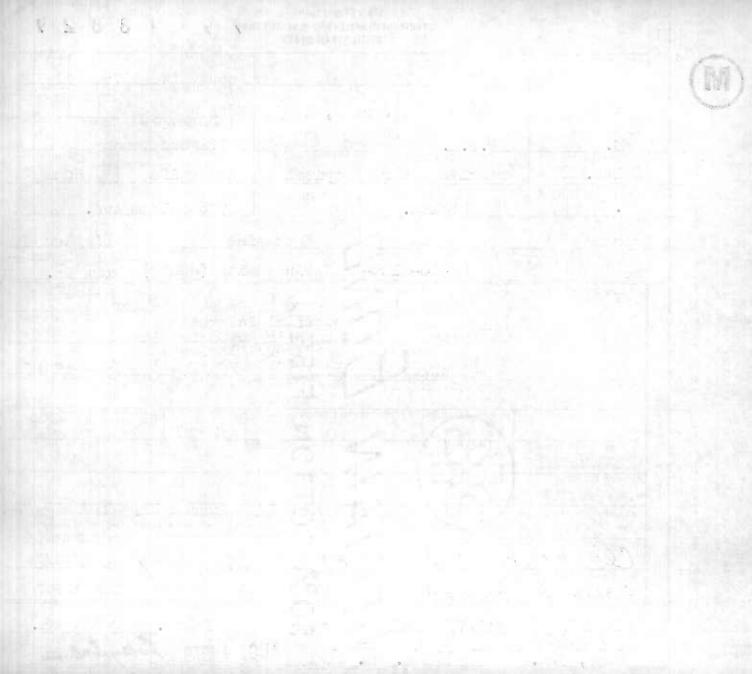
23a. BURIAL, CREMATION, REMOVAL Cremation 8-23-1979

Loudon Park ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland



Margaret Fudalis Green August 20, 1979 3 SEX 4 RACE 5 DATE OF BIRTH MONTH 9 DAY	days Hours MIN
Margaret Fudalis Green August 20, 1979	1 YEAR IF UNDER 24 HIS OAYS HOURS MIN. ATH SY MIN. LIND OF BUSINESS OR LAST
Margaret Fudalis Green August 20, 1979 Augu	I YEAR IF UNDER 24 HRS OAYS HOURS MIN. ATH CY MI CIND OF BUSINESS OR USTRY LAST
To Birthplace (State Orforeign The Citizen of What Country? Married Never Married Ne	OAYS HOURS MIN
78. BIRTHPLACE (STATE OR FOREIGN OF COUNTRY) 78. BIRTHPLACE (STATE OR FOREIGN OCUNTRY) 79. BALTIMORE CITY OR COUNTRY) 79. BALTIMOR CITY OR COUNTRY) 79. BALTIMORE CITY OR COUNTRY) 79. BALTIMORE CITY OR COUNTRY) 79. BALTIMORE CITY OR COUNTRY) 79. BALTIMOR CITY OR COUNTRY) 79. BALTIMORE CITY OR COUNTRY) 79. BALTIMOR CITY OR COUNT	LITH EY, MI LIND OF BUSINESS OR USTRY LAST
COUNTRY PA	CIND OF BUSINESS OR USTRY LAST
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 COUNTY 130 CITY OR TOWN 130 C	IND OF BUSINESS OR USTRY ST LAST
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 STATE 135 COUNTY 136 COUNTY 137 STATE 136 COUNTY 137 MOTHER'S MAIDEN NAME FIRST MODIE 137 MOTHER'S MAIDEN NAME FIRST 138 STATE 139 MODIE 139 MODIE 130 MOTHER'S MAIDEN NAME FIRST MODIE 130 MOTHER'S MAIDEN NAME FIRST 131 MOTHER'S MAIDEN NAME FIRST MODIE 132 MOTHER'S MAIDEN NAME FIRST MODIE 133 MOTHER'S MAIDEN NAME FIRST MODIE 137 MOTHER'S MAIDEN NAME FIRST MODIE 138 MOTHER'S MAIDEN NAME FIRST MODIE 139 MOTHER'S MAIDEN NAME FIRST MODIE 140 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 141 FATHER'S NAME FIRST MODIE 15 MOTHER'S MAIDEN NAME FIRST MODIE 16 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2 1 5 0 9 2000 JAMES MICHAELS 2 2 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ST LAST
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 136. STATE 136. STREET ADDRESS 136. STREET ADDRESS 137. MD 137. MOTHER'S NAME FIRST MODIE 137. MOTHER'S NAME FIRST MODIE 14. FATHER'S NAME FIRST MODIE 15. MOTHER'S NAME FIRST MODIE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18. YES, GIVE WAR OR DATES) 2.15. D. G. COURTY 19. MOTHER'S NAME FIRST MODIE 19. MOTHER'S NAME FIRST MODIE FIRST	CORAL THEM
The father's NAME First Mode Firs	CORAL THEM
The was deceased ever in u.s. armed forces? Is social security no. If informant address is social security no. If informant is social secu	CORALTHA
The was deceased ever in u.s. armed forces? Is social security no. It is near a address in the social security no. It is near	CORALTHA
September Sept	CORAL THEM APPROXUMATE INTERVAL TWEEN ONSET AND DEATH
The Cause of Death (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary Arrest Due to, or as a consequence of Carcinoma of Pancreas with Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last Due to, or as a consequence of Carcinoma of Pancreas with Liver Failure and Obstructive Jaundice Due to, or as a consequence of Carcinoma of Pancreas with (b) Liver Failure and Obstructive Jaundice Due to, or as a consequence of Carcinoma of Pancreas with (c)	APPROXUMATE INTERVAL TWEEN ONSET AND DEATH
Is CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PARTI. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF Carcinoma of Pancreas with Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiopulmonary Arrest Due to, or as a consequence of Carcinoma of Pancreas with Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last Due to, or as a consequence of Carcinoma of Pancreas with Due to, or as a	
DUE TO, OR AS A CONSEQUENCE OF Carcinoma of Pancreas with Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Carcinoma of Pancreas with Liver Failure and Obstructive Jaundice DUE TO, OR AS A CONSEQUENCE OF (c)	
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underlying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	
	ART 1(a)
	EINIDINGS USED
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 1206 IF YES, WERE FIN CERTIFYING CA	AUSES OF DEATH?
8/10/79 Obstructive Jaundice YES NOW YES 1	NO 🗌
TO THE TOTAL PROPERTY OF THE P	ARI ZJ
W (# Ellifer, NOIFT MEDICALEAMINER) F.M.	**
216. INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUN	TTY STATE
AT WORK	9
The I certify that X (this haspital) attended the deceased from 1/21 19 19 to 8/20 19 79 saw the deceased alive on above. (New) (idid) (MX poxying the body after death	, that (we) las
above. (Ne) (did) (did 16 No Xviii) the body after death	
	DATE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN TO	8/20/79
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN P	37
236. BURIAL, CREMATION, REMOVAL 23b. DATE 136. NAME OF CEMETERY OF CREMATORY 126 CITY OF TOWN COUNTY	•
P BURIAL 8/23/79 OAK LAWN BALTO, M	STATE
24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	
JAA 15, 4) 1/79 J.G. CONNELLY 300 MACE AUG 4 1979 King Me	D STATE

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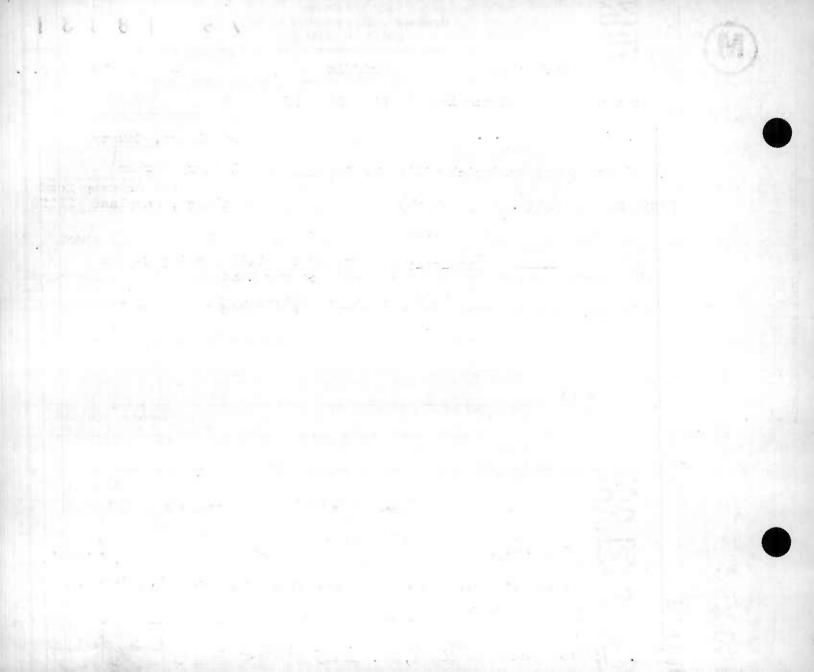
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0		FOR STATE		OF HEALTH AND MENTAL H		8 8 3 0
	-	REGISTRAR CEASED NAME FIRST		MINER'S CERTIFICATE C	OF DEATH REG. NO	D
		CENOED INDINE	WIDDIE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
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TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL AFTER DEATH BALTIMORE, MA	23a. B	URIAL, CREMATION, REMOVAL 2	36. DATE 0/ 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



15M 7/76

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(144)

Baltimore, Maryland AIIC1

(VR A 15 (4))

Leonard J. Ruck, Inc.

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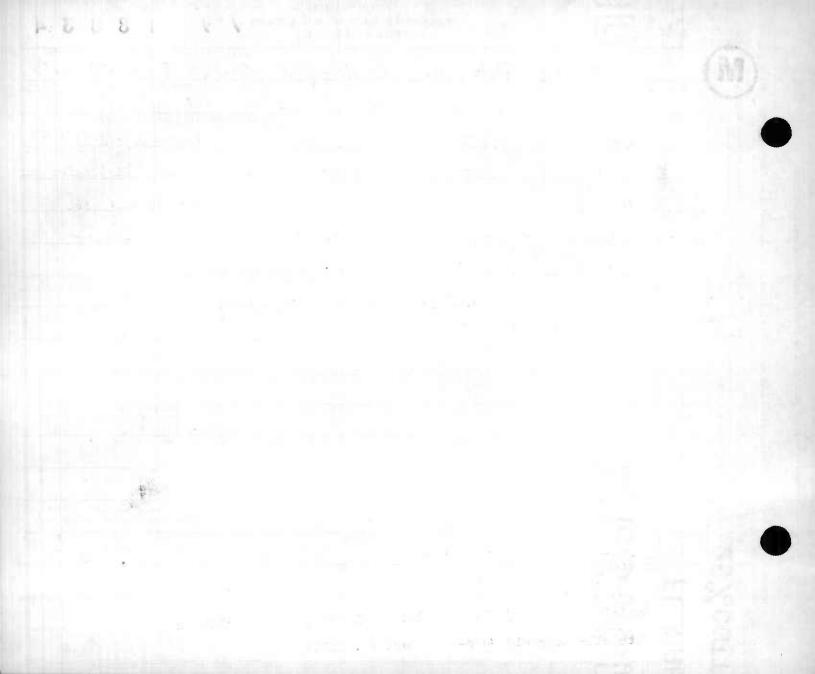
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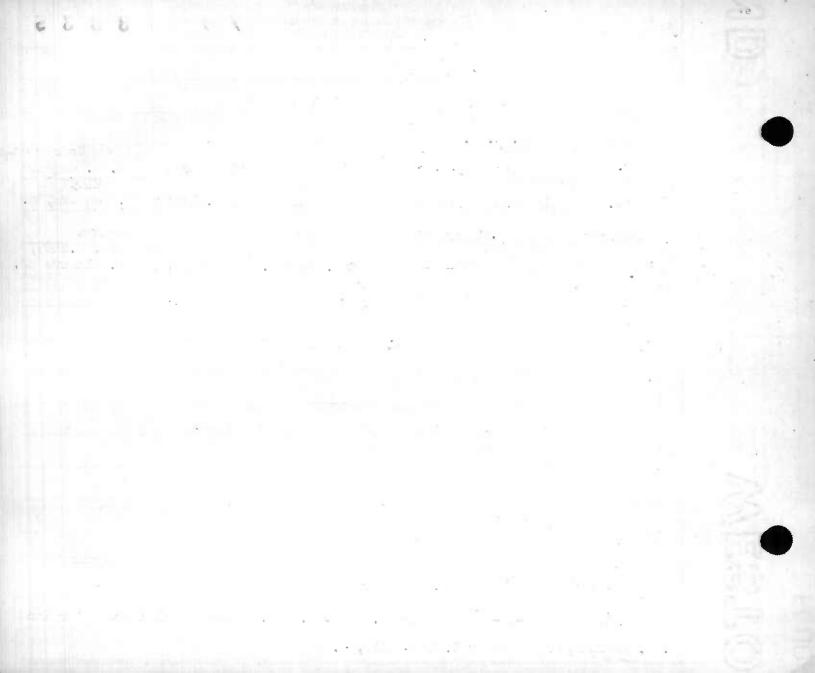
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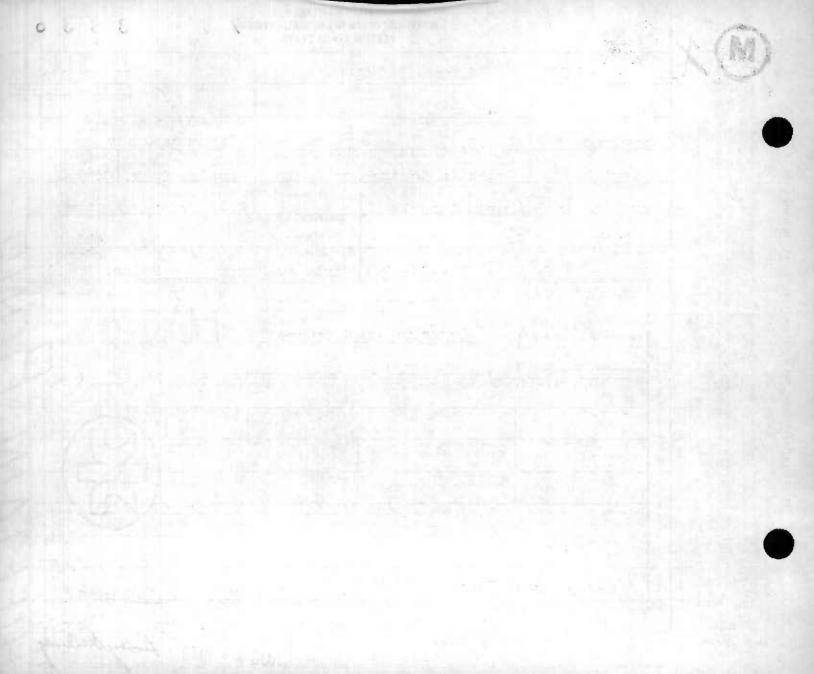
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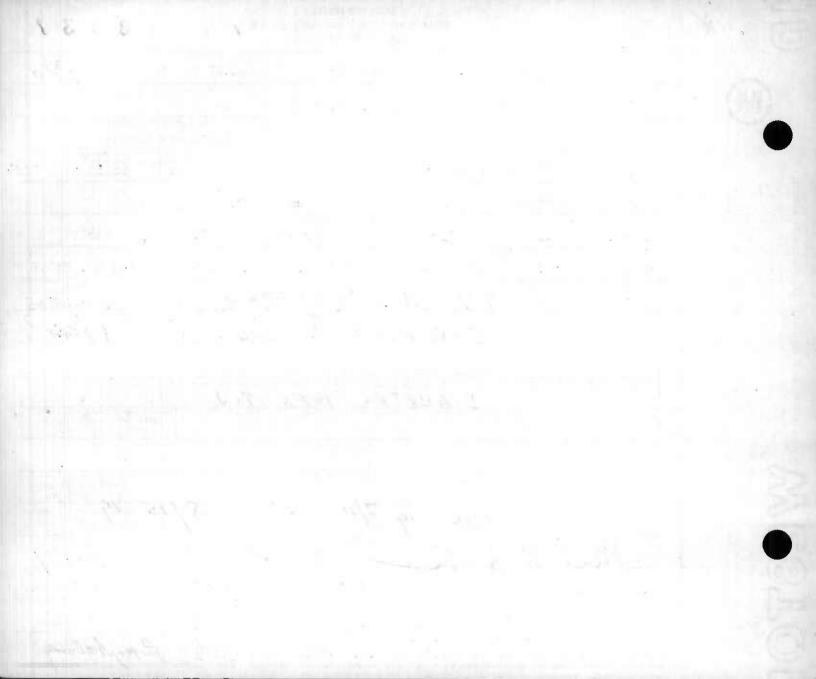
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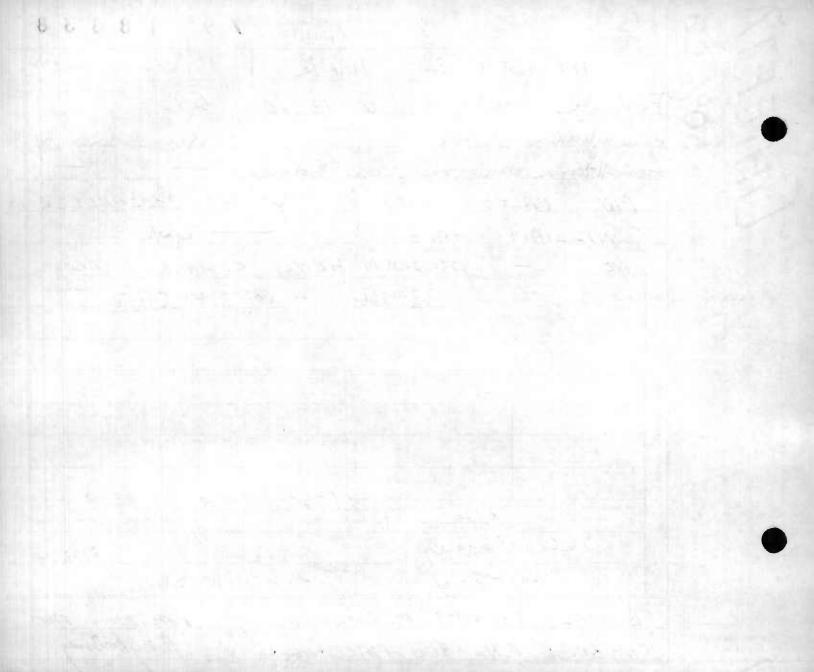
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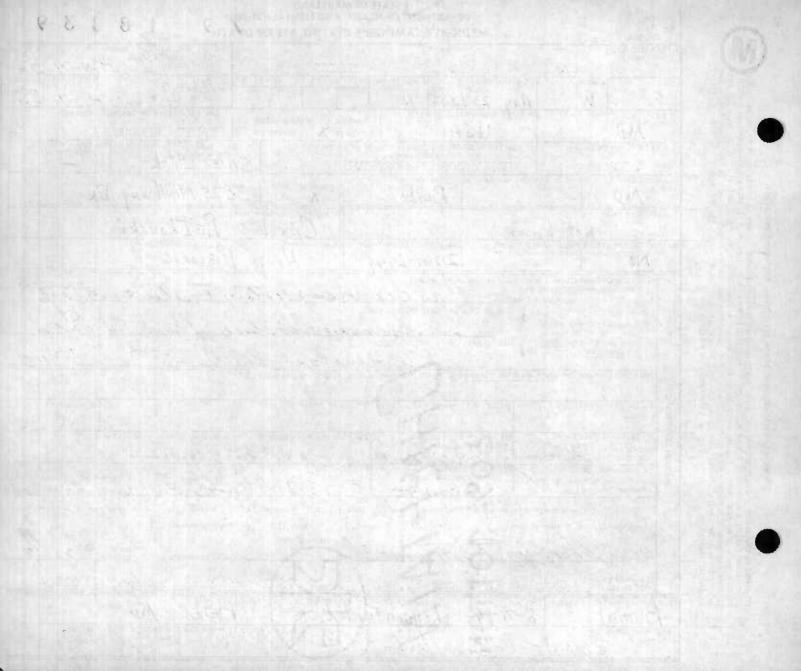
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deoth Po		IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED DIEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED 10 CITIZEN OF WHAT COUNTRY? MARRIED DIVORCED DIVORCED DIVORCED DIVORCED
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maryl med within to ond 2 s l exonine	CIA F	ATHER'S NAME. FIRST MIDDLE HALE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST VIEL 1
ALTIMORE, te be executed by the best of the control of the control of the control of the control of the medical of the control		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 173-12-2544 HENRY C. HANK ABOVE.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The low requires that the death certificate or attending physicion. Where this certificate has been signed by the ottending physicion is the buriol-transit permit. Then please remove corbon paper than different prior to buriol, cremation, or remavall and Mental Hygiene prior to buriol, cremation, or remaval and death in 18 shows any injury, or other traumatic event, the property of the property	NO	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ITAL RECOR	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
ION OF VITAL RE HYSICIAN: The le rding physicion. Ins certificate hos buriol-transit per y Mental Hygiene, or Item 18 shows.	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
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		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
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STEE	3. SE	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER 1 YR. IF U	NDER 24 HRS. 2c. DAT		DAY YEAR	2d. HOUR
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ER E E		(TYPE OR PRINT) Cha:	cles F. O'D	onnell, M	.D. ADDRESS 7	501 York Roa	ad, Towson,	MD 2120)4
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	23a. B	URAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION		INITY	
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(VR A15 ME (5))	1	NAME - FILAN	DORESS	Martin	X Xel S	EPI 3 19/9	brosen 1	" Trooly	
15M7/77	4	1 1-0110	0000	11/1/00	0 6 . 41				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS?

NO X

MADE

Hugust 25, 1910

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

20. DATE OF DEATH MONTH

August 26

AGE IN YEARS LAST BIRTHDAYL

INDUSTRY CHTHENTET 13e STREET ADDRESS 1216 ProspEct Mill Road

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County,

15 MOTHER'S MAIDEN NAME MIDDLE 17 INFORMAN (WIFE) 838-8603 1216 Prospect MIN Road NITS. Audrey G. HArter BELAir, Maryland 21014

1979

IF UNDER 1 YEAR

DAYS

U.S. Govt.

BETWEEN ONSET AND DEATH

MMEDIATE CAUSE (a) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF

Acute Myelocytic Leukemia

166 SOCIAL SECURITY NO.

214-01-7950

DUE TO, OR AS A CONSEQUENCE OF

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

211. LOCATION

ATTENDING

CITY OF TOWN

DIRECTOR PHYSICIAN

NOV

August

20n AUTOPSY?

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

2h HOUR

10:15%

_, and that in (政) (aur) opinion death accurred on the date and hour and from the causes stated 22t. DATE SIGNED

22e ADDRESS

MEDICAL

9000 Franklin Square Drive

DHMH - 16 50M 1/76 (VR A 15 (4))

August 28, 1979 Bd Ar MEMORIAL GARDENS JOSEPH WILLIAM FOSTER

III Leven

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL 23b. DATE

Tarte sulling syang

M. Levine, M.D.

W. Brondlesy & Williams St. BELATER MARYAND 21014

William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):1 PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE

22b. SIGNATURE

(SPECIFY)

FOR

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR DECEASED NAME

NIAIF

MARTHAND

MARYIAND

4 FATHER'S NAME

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

21b. TIME OF INJURY

21e PLACE OF INJURY NOT WHILE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Wilbur Reynold Harter

76 CITIZEN OF WHAT COUNTRY?

AF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BE Hir

Franklin Square Hospital

white

4 RACE

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI

HArford Co.

136 COUNTY

220.1 certify that (Nathis hospital) attended the deceased from July saw the deceased alive an August 26, 19 79 or sow the deceased alive on August 26, above. (Mixe) (did) Mix (t) view the body after death

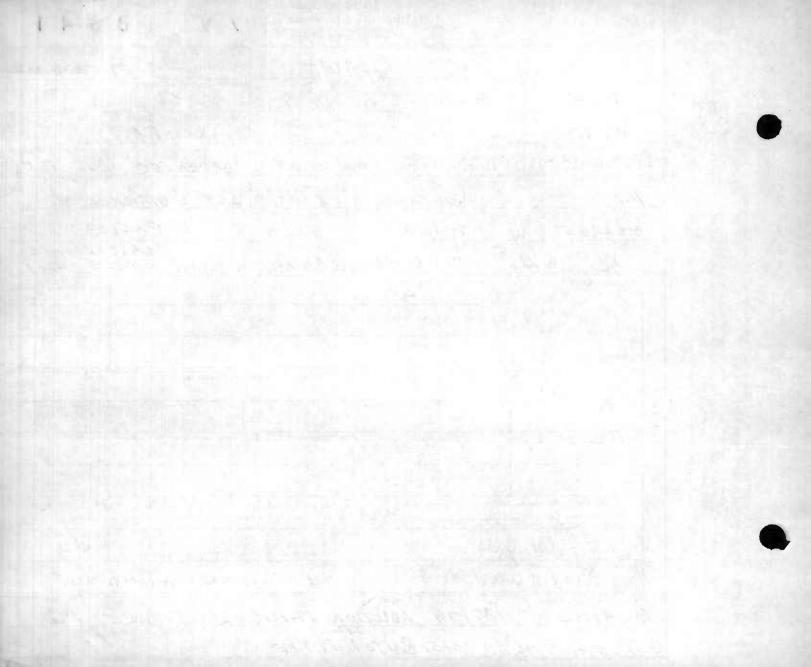
DEGREE

23c. NAME OF CEMETERY OR CREMATORY

BET Air, HAN-FORT CO., MARY INWIN 2101

D F 6 a resident par that the trail of the

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	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENEY 9	18841
		REGISTRAR		CERTIFICATE OF DEATH	REG NO	
	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
y be ge 3 leoth		WILLIAM	1 =	HAWK	Carried Manager	8-27. 79 11:30 PM
pool r di	3. SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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Pogo .		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		R COUNTY OF DEATH
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AN 22	_	Mo.	BALTIM			STRICKER ST.
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TIMO on one s. Poge		(ES, NO OF UNKNOWN) (IF YES, GIVI	1 705-07	-9327 MR CARAOLI	L W. HAWK	CIRCLE 21228
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one cause per line far (o), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ON or	15	4272	DUE TO, OR AS A CONSEQU	JENCE OF		
RESTO		Conditions, if ony, which gave rise to immediate	(b)			
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5 i e q = 0		underlying couse lost.	(c)			
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ECORE Daw req Denior is ony inj	CERTIFICATION	19a DATE OF OPERATION	The Could thou to a veries	H OPERATION WAS PERFORMED	Too AUTOOSYO	Tool 15 MES AVESS STATEMENT OF THE
REC.	FICA	IN DATE OF OPERATION	148 CONDITION FOR WHIC	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N OF VITAL R SICIAN: The I ag physicion. certificate hos ritol-tronsit pe entol Hygiene ltem 18 shows	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	214 HOW IN HIPV OCCI	JRRED (ENTER NATURE OF INJUR	YES NO
JOF VITA SICIAN: T Sician:		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	JAKED (ENTER NATURE OF INJUR	TIN IIEM IS, PART I ORPART 2)
ON OF HYSICIA ding p is certif burial-th Mentol or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
·	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOW	OUNTY STATE
DIVIS DING P or offer the as the offth one				8/10 10 7		73
D D D D D D D D D D D D D D D D D D D			tel) attended the deceased from	20	on death accurred as the de	ote and hour and from the couses stated
OR ATTORNET OR ATTORNET OR ATTORNET OR DERECT OCHER 16 May 2		saw the deceased alive on above, (1) (ne) (and) (did no 22b. SIGNATURE	t) view the dody after death.	DEGREE		22c. DATE SIGNED
toch # # # #			Dallo	ATTENDING	MEDICAL STAF	F 812K
by the ERAL C e deto.		224 PHYSICIAN'S NAME (TYPE O		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IANL
O HOSPITAL etained by t TO FUNERAL should be det with the State		ARTHE 11			LOS LANG BY	THE GENCH
TO HOSPITAL retained by the TO FUNERAL I should be detowith the State [IMPORTANT; If	72- 0	URIAL, CREMATION, REMOVAL	7-51-			WO 340
1602	230. B	SURIAL CREMATION, REMOVAL	10/2010	NAME OF CEMETERY OR CREMATOR	CITY-OR TOWN	COUNTY
//U/ BP		JUR 1171	10/00/11/			MCRE: 120 25b. REGISTRAR'S GNATURE
DHMH - 16 60M 1/75 (VR A 15 (4))		TOUMAN SOU	ILIAN BIST	PALTO NATY PLACE	1109 1 1070	P. L. L. O



DHMH - 16 50M 7/77

(VR A 15 (4))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DAY YEAR 2h HOUR 40 PM IF UNDER 1 YEAR OAYS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY indson Mi Hearn same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 19 79, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED COUNTY STATE Win min. BY REGISTRAR 256. HEGOT HAR'S SIG 24 FUNERAL DIRECTOR Stansbury 6411 Windson Mill Rd.

Supplied the state of the state 91-12-3 The same of the sa TO THE PARTY OF TH The transfer of the management of

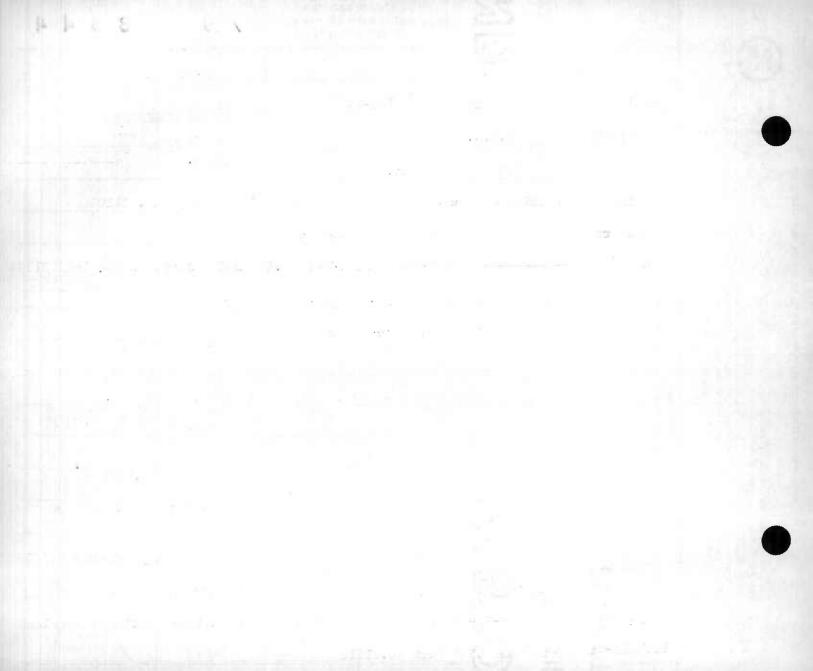
DHMH-16 60M 1/73 (VRA 15(4))

24. FUNERAL DIRECTOR MacNabb Funeral Home

Catonsville, Md.

Catonsville Ba

FOR



1		ems #18a-22a Fi			E OF MARYLAND	HYCIENE		O 4 300
ľ	1 - 5	STATE REGISTRAR			R'S CERTIFICATE	OF DEATH	1 8 6 G. NO.	3 4 5
T	DEC	EASED NAME FIRST		MIDDLE	LAST	20. DATE KNOW	N (F) MONTH	DAY YEAR 76. HOUR
	(TYPE	Claud	4	Villiam	Henry Ja.	OF ESTI- DEATH MATE		4 19 79
3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	IF UNDER 1 YR. IF UNDER	ER 24 HRS. 2c. DATE	MONTH	DAY YEAR 24 HOU
		Male White	August 2	36,1959 19 YEAR	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	8	4 19 79 3:30
7		THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	MARRIED NEVER MAR	RRIED 9. BALTIMORE C	ITY OR COUNTY	OF DEATH
	0.01	Maryland		USA	WIDOWED DIVOR	RCED Balt	imore Çç	ounty, ME
l	U. CII	Y OR TOWN OF DEATH	(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE	E)	OR INDUSTRY
ī	JSUA	Lansdoune L RESIDENCE (IF IN NURSING HOME O	2606 Vi	rginia Aveni	<u>ie</u>	Gas Station		
	30 S1		TY	Landoune	13d. INSIDE CITY LIMITS?	3173 Berw R	oad Bal	to. Md. 212
ī		THER'S NAME		Lanzaonne	15 MOTHER'S MAI	DEN NAME MIDDLE		
		Claude	William	Henn	u.Sa. Gene	vieve		ughman
1		AS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECURITY	NO. 17. INFORMANT	To Bee	timore,	Md.
		NO		216-76-482	18 Mr. Henry	T. Baughman,	Jr. 17 1	W. Jeffrey -
		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	D.M.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı			E CAUSE (o)	Thermal Inju				
ı		Conditions, if ony, which	DUE TO, OR	AS A CONSEQUENCE O	F			WITH SAME
		gove rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE O	-			
ı		lying cause last.	DOE TO, OR	AS A CONSEQUENCE O				12 11 12 11
l		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN	PART 1 (g)		
	Z O							
ı	CERTIFICATION	198. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPSY?
	Ē						4	YES 💢 NO 🗌
	CER	210. EXTERNAL CAUSE WAS UNDERLYING OR	21b. TIME OF HOUR A.M.	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART	2)
	MEDICAL	CONTRIBUTING CAUSE OF		MBN/H PAY 75 AF	Arson fire			
	MED	21d. INJURY OCCURRED WHILE NOT WHILE X		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION 2606 Virgini	la Ave. CHY OR TOWN	+i more coun	Md. STATE
		AT WORK AT WORK	house	3	·	La Ave. Dal	. CIMOPE	rid.
		220. I certify that I took charg	at the remains desc	ribed obove, held on	Autopsy X , Inspect		and in my opir	nion
		death resulted from: Natur	al couses LA	Accident L. Sylic	tide , Homicide X	. Undetermined monner		
		ACTUAL VI	-ink)	- Dunto	TITLE (SPECIFY)	Thiof	DATE SIGNED	011170
1		SIGNATURE	Who de	1111111	The perity (ChiefeDICAL EXAMINER	SIGNED	8/4/79
T		EXAMINER'S NAME The	omas D.Smi	ith, M.D.	ADDRESS 111 I	Penn St Bal	to., MD.	
1	30.BL	IRIAL, CREMATION, REMOVAL 2			ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE
	12	Burial	8/8/79	Cedar Hil	1 Cometery	Baltimore A	ne Aruni	del Maryland
	24 MC	NERAL DIRECTOR PUNERAL STEP Patapsco	Home address	Brooklyn	250. DAT	E REC'D. BY REGISTRAR 256.	REGISTRAR'S S	NAVURE L
	2	37 6. Patapsco	Avenue Be	altimore. M	l. 21225 AU	G 7 1979	/	1

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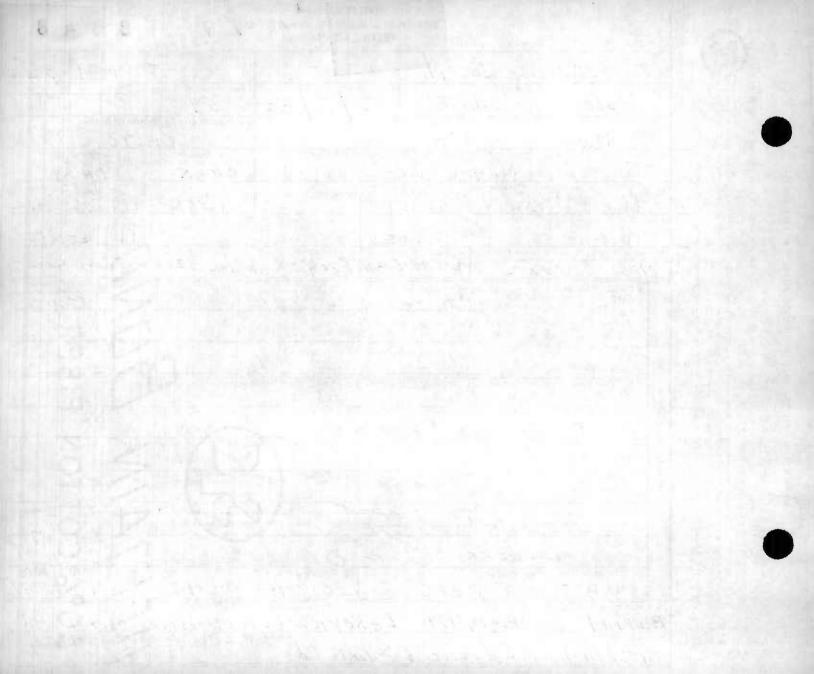
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

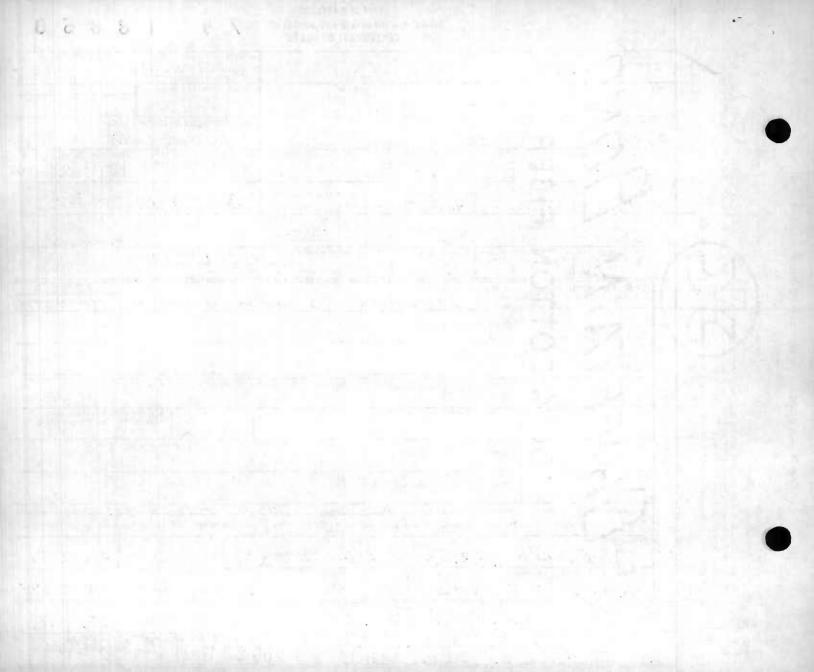
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6009 Harford Rd., Balto., Md.

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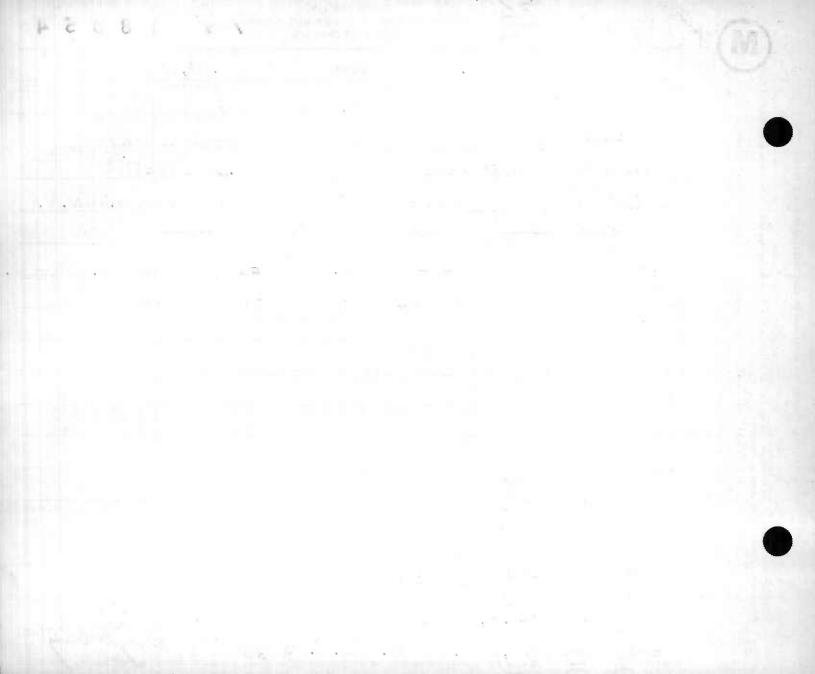


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DECEASED NAME 1851 MODIE 1AST 126 DATE OF DEATH MONTH DAY 187	0 3 0	8 8		EALTH AND MENTAL HYG ICATE OF DEATH				STATE REGISTRAR	1 -	931
EUGENE M. JOHNSON 3. SEX 4. RACE 5. DATE OF BRTH 10 08 52 76 CITIZEN OF WHAT COUNTRY? 8 MARYLAND WOMEN DATE OF BRTH 10 08 52 76 CITIZEN OF WHAT COUNTRY? 8 MARYLAND WOMEN DOWNER MARRIED WHAT A COUNTRY? 18 CITY OR TOWN OF DEATH 19 MOT WHAT COUNTRY? 19 MARYLAND 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUBSING HOME OR OTHER INSTITUTION ARBUTUS 4402 LEEDS AVENUE, 21229 USUAL RESIDENCE (P HURSING HOME OR OTHER INSTITUTION) 18 CALLEDS AVENUE, 21229 USUAL RESIDENCE (P HURSING HOME OR OTHER INSTITUTION) 18 FAITHER S NAME 19 MOTHER'S MADIEN NAME	YEAR 26. HOL			XST .	L	MICOLE	FIRST			
ARBUTUS USUAL RESIDENCE (F NURSENGHOR COCHER NOSHIDION) USUAL RESIDENCE (F NURSENGHO	79 135	08 01 7		NSON	JOHI	M.	EUGENE	E OR PRINT)	(TYPE	- 3
MALE To. BIRTHPLACE STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MONRED MARRIED MONRED M	DER I YEAR IF UNDER	S LAST BIRTHDAY) IF UNDER 1		FBIRTH	5. DATE C			X	3 SEX	
The BIRTHPLACE ISTATE ORFOREGN The CITIZEN OF WHAT COUNTRY? BARRIED NARRIED	S OAYS HOURS	0.0	26			WHITE	Della Ta	MALE		54
MARYLAND U.S.A. WIDOWED DMORCED BALTIMORE COUNT 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF HOT IN SUCH FACILITY, GWESTREET ADDRESS PORT HOSPITAL STREET ADDRESS PORT HOSPITAL	EATH				11 17010	CITIZEN OF WHAT CO	R FOREIGN 76	RTHPLACE STATE OR	7a. Bil	N
ARBUTUS USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION) USUAL RESIDENCE (#	Y	TIMORE COUNTY	BALTIMOR		4	U.S.A.			CC	15
ARBUTUS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OVER RESIDENCE BEFORE ADMISSION) 138 STATE 138 STATE 138 STATE 138 STATE 138 STATE 138 STATE 139 STATE 130 INSTITUTION OF TOWN MARYLAND BALTIMORE ARBUTUS 15 MOTHER'S MADE 16 MODIE 16 MASS DECEASED EVER IN U.S. ARMED FORCES? 18 MODIE 18 FATHER'S NAME 19 MODIE 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART 1. DEATH WAS CAUSED BY: MARCHARD FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MARCHARD FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MARCHARD FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MARCHARD FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS PART 1. DEATH WAS CAUSED BY: MARCHARD FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS PART 1. DEATH WAS CAUSED BY: MARCHARD FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFYING 19c DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? 170b IN CERTIFYING OR CONTRIBUTING OF CAUSE OF DEATH (B ETHER, NOTIFY ARBICAL EXAMINE) 17 INFORMANT 17 INFORMANT 18 INFORMATION OF THE MODIL	b. KIND OF BUSINE	CUPATION 12b. KI	12a. USUAL OCCUPATION		NURSING HOME C	1. NAME OF HOSPITAL	EATH 11	ITY OR TOWN OF DE	10 CI	
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WILLIAM A JOHNSON TRIS D 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) YES, GIVE WAR OR DATES) 100 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO 220-58-2163 ALYCE L. JOHNSON, 4402 LEEDS A 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and 101, PART I. DEATH WAS CAUSED BY:	LAST	MIODLE			AST	DDLE	MID		14 FA	
18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)	E PASCAL			IRIS	HNSON	. JO	M A.	WILLIAM		50
NO 220-58-2163 ALYCE L. JOHNSON 4402 LEEDS A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 198 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY (IF ETHER, NOTIFY ARBUCAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 LOCATION STREET CITY OR TOWN CONTRIBUTION CITY OR TOWN		ADDRESS	ADDRESS	17 INFORMANT	AL SECURITY NO.		ER IN U.S. ARME	WAS DECEASED EVER	160 W	1
PART I. DEATH WAS CAUSED BY:	VENUE	4402 LEEDS AVE	INSON, 4402	ALYCE L. JO	-58-2163	220		NO		
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OR CONTENDITING CAUSE OF DEATH OR CONTENDITING CONTENDITION CONTENDITI				21c HOW INJURY OCCURE	100	216 TIME OF INJURY	UNDERLYING	21a ACCIDENT WAS UN	ERT	7
AT WORK						' I	CAUSE OF DEATH	OR CONTRIBUTING		7
AT WORK	OUNTY 5	ITY OR TOWN COUNT	CITY OR TOWN	211 LOCATION STREET	OFFICE FARM ETC.)	218 PLACE OF INJUR			EDI	11
27a Leartifus that (I) (this hasnitally attended the deceased from	17	1	Λ	- 0	Co a		WHILE WORK	AT WORK AT W	2	1
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sow the deceased alive on 300 years the dody after death. 19 19 , and that in (my) (our) opinion death occurred on the date and hour and above, (1) (we) (did) (did not) view the dody after death.	from the causes st	on the date and hour and from	deoth occurred on the dote	d that in (my) (our) opinion	19, on	view the blody ofter deat	osed olive on	sow the deceo	2	
	22c. DATE SIGNED		MEDICAL STAFF	1.0		1000	Day			
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN (TYPE OR PRINT)	d 51	PHYSICIAN L	DIRECTOR PHYSICIA		1/000	PRINT)	NAME (TYPE OR PR	22d. PHYSICIAN'S N		
DONALD L. TRUMP, M.D. HOPKINS HOSPITAL, 601 N. BROADW	IAY	OI N DDOADLAS	TTAI. 601 N.	HOPKINS HOSP		TP M D	T. TRIM	DONALD I		1
230. BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION		VI IV. DRUMDWAI			23c. NAME OF C				230 B	_
	411 31	ON	23d. LOCATION	EMETERY OR CREMATORY			N, KEMOVAL	BURIAL, CREMATION	230. D	
24. FUNERAL DIRECTOR 2129 250. DATE REC'D. BY REGISTRAR 256. REMISTRAR'S	MARYLAN	ON COUNTY	CITY OR TOWN		LOUDO	08-04-79	N, REMOVAL	(SPECIFY)	()	
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. AUG 3 1979	SINATURE	ON OWN THORE CITY SISTRAR 25B. REPOSTRAR'S SIE	BALT IMORE REC'D. BY REGISTRAR 25	N PARK 21229 250. DAT		08-04-79		BURTAL UNERAL DIRECTOR	(5	

0 : 8 The American sections of the Company give Anti-participate, and a story statue to Mill. I A 16 to 1873 and the street



FOR

- STATE

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST ANIDDLE 2n DATE OF DEATH 2b. HOUP B. JOHNSON 5.1979 AUGUST 8 CL. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF W.) INDUSTRY 13e STREET ADDRESS 1505 Pentridge Road MIDDLE Mc Cullough ADDRESS Paul Bowen Johnson, 849 Kellogg Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE AUGUST that (1) (we) last

STAFF

22c. DATE SIGNED

(SPECIFY) Burial New Cathedral Cemetery 8-7-79 74 FLINERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

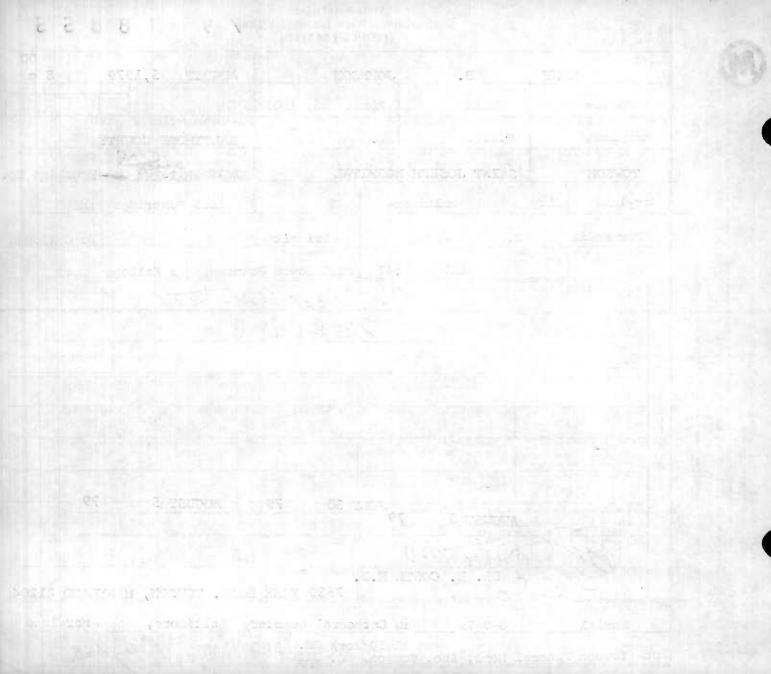
ADDRESS

1050 York Rd.

25a DATE REC'D. BY REGISTRAR 25b. RESISTRAR'S SIGNATURE

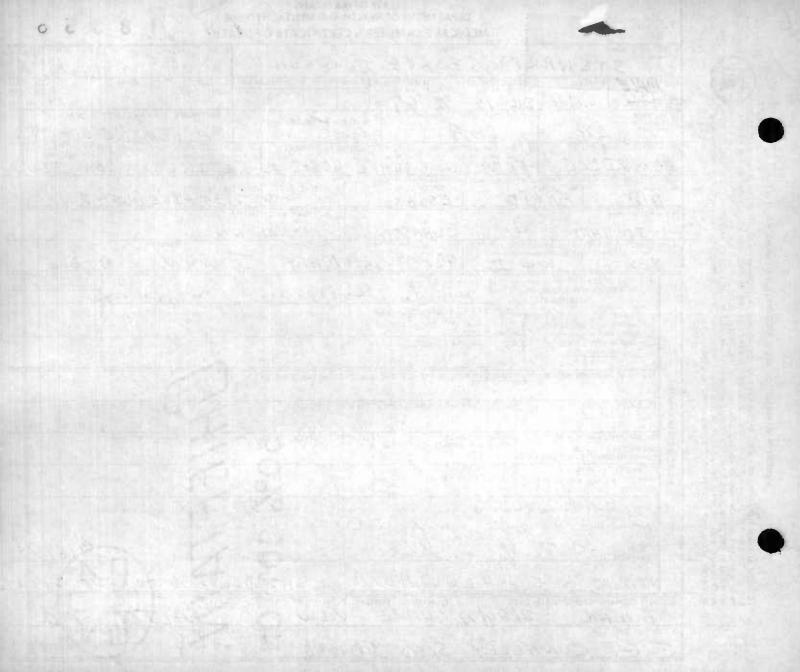
Baltimore, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))



6	5	1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO 8 8	5 6
	1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN NO MONTH DAY	Tall the bridge
	A.F.	2 00	STEWARI GEORGE JOHNSON DEATH MATED 0 8-16	
	TAGE.	141	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD SULV 15 1970 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY HONTH DAY DAY PRONOUNCED DEAD 8. AGE MONTH DAY AND PRONOUNCED DEAD 8. AGE MONTH DAY AND PRONOUNCED DEAD 8. AGE MONTH DAY MONTH DAY AND PRONOUNCED DEAD 8. AGE MONTH DAY MONTH DAY AND PRONOUNCED DEAD 8. AGE MONTH DAY	1979 P M
	NECESSA FUNERAL 5 FOR Y W. PRESTO		BIRTHPLACE (STATE OR 76 COUNTY OF 10 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF 10 MARRIED NEVER MARRIED 9 SALTIMORE CITY OR COUNTY OF 10 MARRIED NEVER MARRIED 10 MARR	
	S NECESS E FUNERA E 5 FOR D, WITHII W. PRES	10. C	USIT WIDOWED DIVORCED BALTING REC	OUNTY MD.
	DELAY IS NE 3 TO THE FUN N PAGE 5 N BE FILED, W DS, 301 W.	R	OSSVILLE (FRANKLIN SQUARE HOSPITAL RETIRED M	PRINDUSTRY PRITIN'S
21201	SETAIL SETAILS	13a. S	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE (ITY LIMITS? 136 STREET ADDRESS YES NO 3135 FIRETHORN	RD.
WD.	DURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 2, 3, 4, 14, 14, 14, 14, 14, 14, 14, 14, 14,	14. F	FATHER'S NAME PRIT MIDDLE LAST FIRST MIDDLE MIDDLE MIDDLE WKNOWN	LAST
MORE	PAGE ORM S 1 AN OF	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	~@
SALTIV	GIVE GIVE VITH P PAGE IVISIO		YES WWIT 1477-09-2519 MARY JOHNSON AL	BOVE
N ST.,	HIN 24 HOUR IN ITEM 18. (IR ALONG W USIT PERMIT. P HYGIENE, DIV		18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The cause of the course of the cou	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
PRESTON	ITHIN 2		Canditions, if any, which	
*	PENC KAMIR AL-TRA AENTA		gave rise to immediate (b) cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
106,301	DULD BE EXECUT "PENDING" IN IEF MEDICAL E) ISED AS A BURIX F HEALTH AND A CREMATION, O		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G.	
ECOR	MEDIN MEDIN MEDIN AS AS A	TION		
ITALR	CHIEF / CHEAL CREAL /	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. 7	AUTOPSY?
DIVISION OF VITAL RECORDS,	S CERTIFICATE SHOURING THE WORD " REDED TO THE CHE FR 3 SHOULD BE USE FE DEPARTMENT OF I PRIOR TO BURIAL, C		UNDERLYING U OR TOOK A.M. MONTH DAT TEAK	160 110 11
IVISIO	CERTIF TING 1 DED TO 3 SHO DEPAR	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 2Tf. LOCATION	STATE
٥	E3446		AT WORK AT WORK	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213	L L	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
	EXAM CERT CERT UULD B DIRE WITH		ACTUAL LOCAL (SPECIFY)	1,1100
F -11	E THE SHOW SEATH ORE, A		SIGNATURE M.D. MEDICAL EXAMINER SIGNED	10/-/
	O MEDIC XECUTE T AGE 4 SI O FUNER FTER DEA ALTIMORE	22.0	(TYPE OR PRINT) K.S. A. H. L. U. W. H. L. (A. ADDRESS 21/2, Dundalle to Ball	11222
	BP	230.B	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY CITYOR TOWN BALTO.	MD.
	DHMH - 17 (VR A15 ME (5))	24. F	FUNERAL DIRECTOR NAME AGDRESS 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNAT	Pro Creeds
	15M 7/77	7	J. G. CONNELLY SONS 300 MACE MUGES 1318 MATERIAL	

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FOR

24 FUNERAL DIRECTOR

NAME

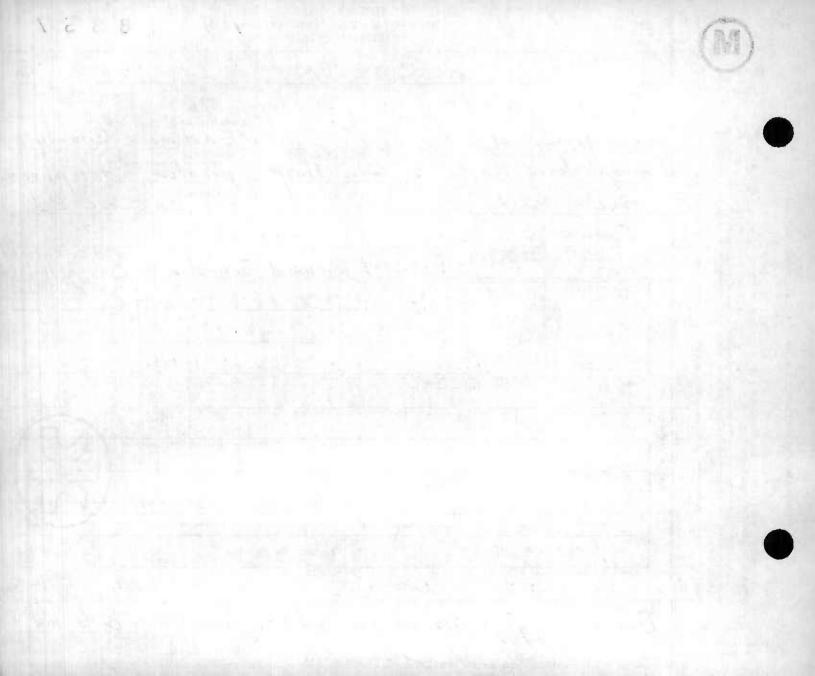
DHMH - 16 50M 1/76

(VR A 15 (4))

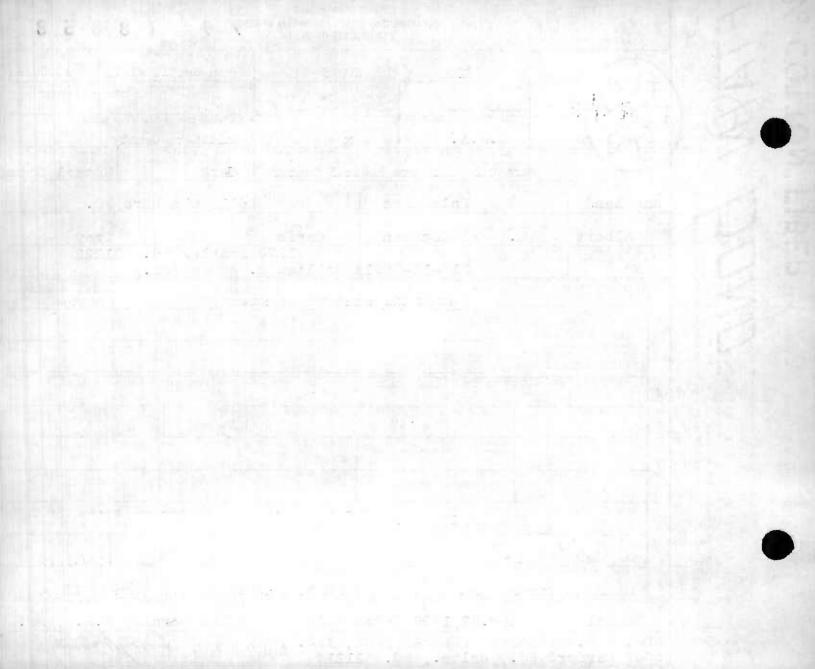
- STATE

STATE OF MARYLAND

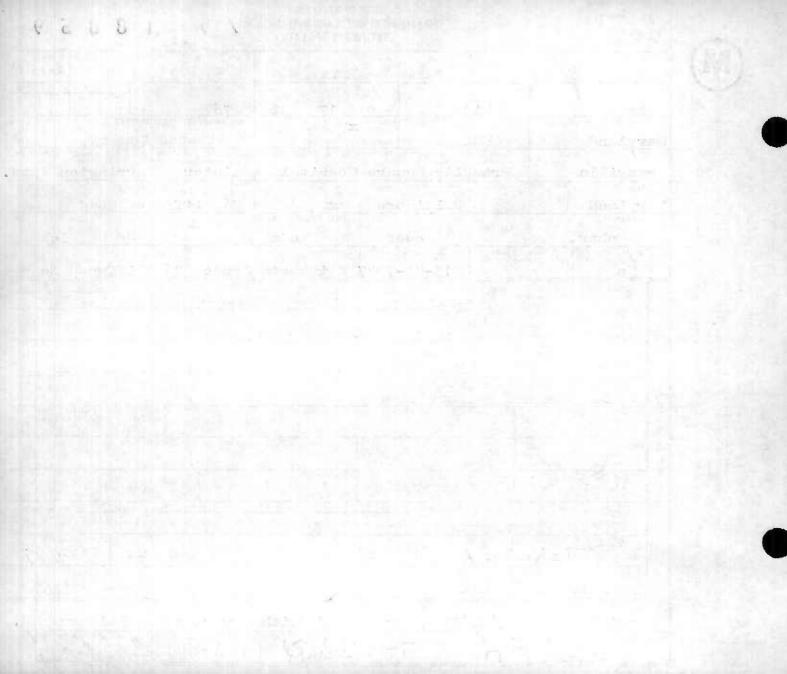
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

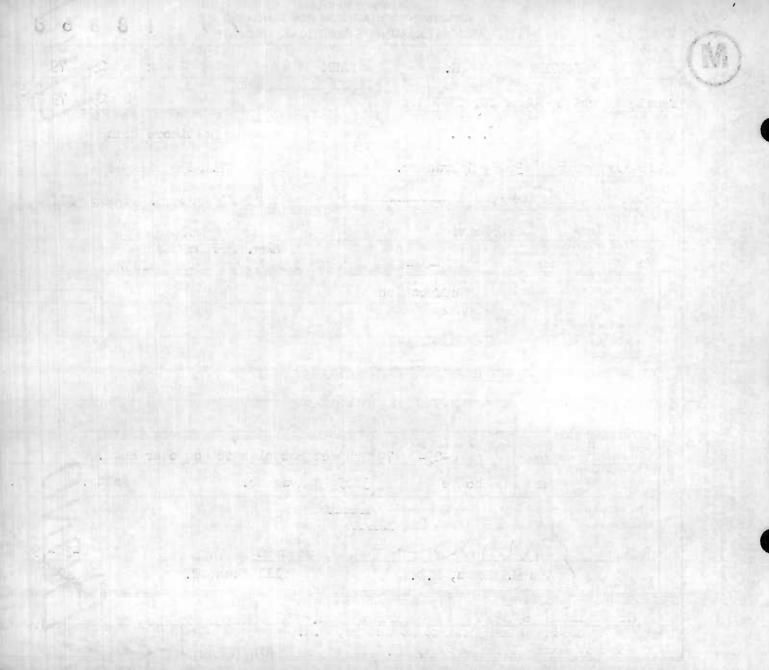


4	9	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 9	18	3 5 8
			CEASED NAME FIRST	MIDDLE	LAŜT	20. DATE OF DEATH		YEAR 26. HOUR
o to		litre	EMMA	PRICE	JONES	August	19, 1979	10:10 A
		3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IF UNDER 24 HRS
R			Female	Caucasian	04 - 06 - 13	66	YRS.	
De.	20	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	7 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DE	ATH
1	0		Maryland	U.S.A.	WIDOWED DIVORCED [∃ Baltimore		м
fied	1	10 C	TY OR TOWN OF DEATH	LIF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	KIND OF BUSINESS OF USTRY
00	4		Towson		re Medical Center	Cerk	Re	etail Sto
rimust b	35	13a. 9	at residence (if nursing home of state 135, cou	or other institution, give residence before the property of to Baltim	Ore YES X NO	6918 Cha	mbers Ro	d.
examine	90	14 FA	Albert	G. Fleisch		MIDDLE	Gı	ray
dicol	1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT 197	O Searles	Rd. 212	222
med	1	,	No	216-12	-9591A William	R. Jones,	Jr.	RAIS LUNG
t, the			18 CAUSE OF DEATH Enter of	inly one couse per line for (a), (b), a				APPROXIMATE INTERVAL FIWEEN ONSET AND DEATH
ever,		н	PART I. DEATH WAS CAUS	ATE CAUSE (0) Metasta	tic carcinoma of o	ervix	π	nonths
er fraum			Conditions, if any, which gave rise to immediate cause (a), stating the	(b)	UENCE OF			
d by lease rol, cr			underlying couse lost	(c)				
ınjury,		NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN F	PART Ito
aws ony	/	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES X NO		FINDINGS USED AUSES OF DEATH?
item 18 shaws			210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING (CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH		URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)
rkedor		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	wn cou	INTY STATE
21 is ma				oital) attended the deceased from a August 19 19.	August 14 , 19 70 79 , ond that in XX (our) apinio			om the couses stated
IT: If Item			DEGREE ATTE PHY			MEDICAL STA	FF	8/19/79
with the State IMPORTANT:	1		Ronald L. Si		22e. ADDRESS 6701 N. Cha	rles St., Ba	ltimore M	
MA-		23o. E	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	y 23d LOCATION		
		(Burial	Aug. 22, 1979	Cedar Hill	Glen Bu	rnie, A	A. , Md.
/76			TEERTECE ALT	ENBURG FUNERA	L HOME, INC. 250. D	ATE REC'D. BY REGISTRAR	24 REGISTRAR'S	IGNATURE
		60	009 Harford	Rd., Balto.,	Md. 21214 AU	G2 0 1979		



(VR A 15 (4))





TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the bunal-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

etained by the haspital or attending physician

BP

(VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows ony

page 3 er death

medical examiner must be notified at once

4 тоу be

STATE OF MARYLAND									48
EPARTMENT	OF	HEAL	TH	AND	MENT	AL	HY	GIEN	ış

2 2 4

7	1-	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME OR PRINT) TH	FIRST		VIDDIE		AST VHN		AUGUST		9	12:15 A
	3 SEX	× FEMALE		4 RACE WHI	TE	S DATE O	H DAY	1898	6. AGE (IN YEARS LAST BIR'		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
35		RTHPLACE (STATE OR FO		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER	MARRIED XX	9 BALTIMORE CITY OF BALTIMO			MD.
90		PIKESVILLE		PIKES	VTLLE ^{VE} NUT	RSING		TITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NONE			NE
35	13a S	AL RESIDENCE (IF NURS STATE MARY LAND	13b COUN BAL	ITY	130 CITY OR TOW BALTO.		13d. INSIDE (NO [XX	13e STREET ADDRESS 7903 LONG	MEADO	W RD.	#21209
30	14 FA	WILLIAM	٨	AIDDLE	KAHN			FIRST IDA	MIDDLE		WEIL	ST
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WED FORCES? WAR OR DATES]	166 SOCIAL SECU 215-22				IAM KAHN ADDRI MEADOW RD.	#21		
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	y one couse per D BY: E CAUSE (o)	line for (0), (b), on	tart	atic	Carre	n		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate		(b)	OR AS A CONSEQUENCE OF			wat		15	tyrung	
		underlying couse	lost	(c)			NOT RELATE	D TO THE TERM	inal disease or con	DITION GIVE	EN IN PART 10	01
7	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 210, ACCIDENT WAS UNDERLYING 190 210 THAT OF INJURY					CVV).	DRMED	20a. AUTOPSY?	IN CERTIF	, WERE FINDII YING CAUSES		
9	_	21a ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	/ / /	M. MONTH DA	YEAR	21c HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU			
	MEDICAL	21d INJURY OCCURR WHILE NOT WE AT WORK AT WO	IILE 🗀	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATI STREET		CITY OR TO	VN	COUNTY	STATE
		22a I certify that (I) sow the decease above, (I) (we) (d	d olive on.		19		nd that in (my) (our) opinion	, to death accurred on the d		ond from the	
		22b. SIGNATURE	umu	1 File	mfIA		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF	274 DA/E	SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) MAURICE FELDMAN, M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE AUG. 3,1979

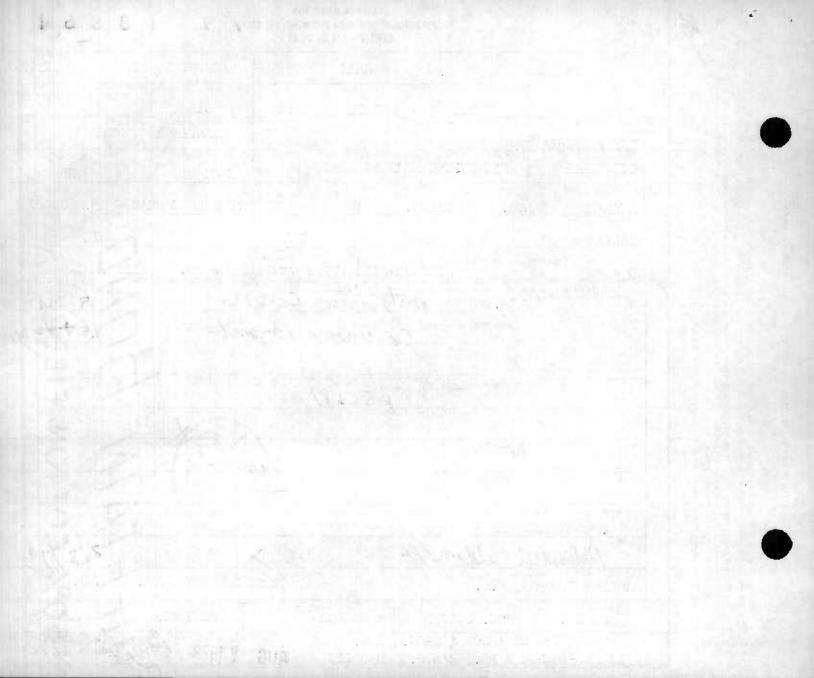
22e ADDRESS 6610 CROSS COUNTRY BLVD., BALTO., MD

230 NAME OF CEMETERY OR CREMATORY OHEB SHALOM BALTIMORE

24. FUNERAL DIRECTOR DHMH - 16 50M 1/76

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 250. DATE REC'D. BY REGISTRAR 1979 AUG

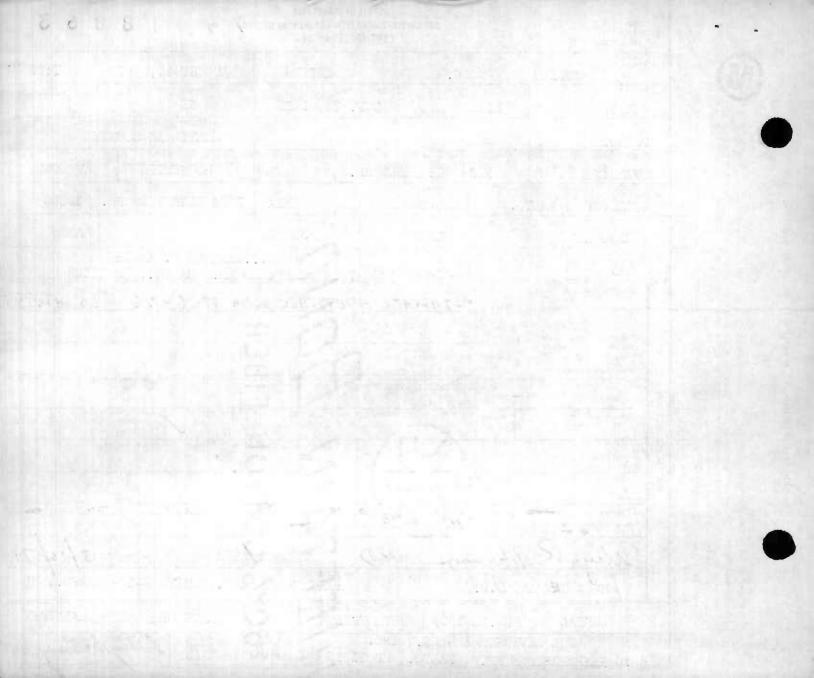
MARYLAND



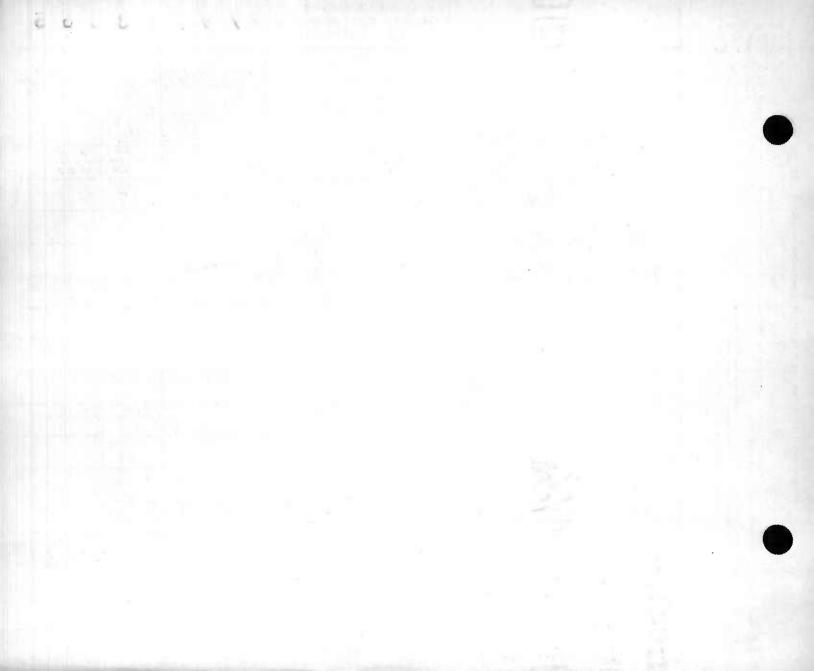
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND



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completely filled in by the funeral di

remove carbanpopers. Pages 1

attending

signed by

FUNERAL DIRECTOR: After this certificate has been

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should be detached for use as the burial-transit permit. Then please remove carban poperwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

morked or Item 18 shows

IMPORTANT: If Item 21 is

njury, ar other traumotic event, the

CERTIFICATION

MEDICAL

puo

STATE OF MARYLAND

	FOR STATE REGISTRAR					EALTH AND MENTAL HYG ICATE OF DEATH	SIENEY 9	REG. NO.	8 8	5 6
Н	1. DECEASED NAME	FIRST	MIDD	A.E.	L	AST	2a DATE OF	DEATH MONTH	GAY YEAR	26 HOUR
	(TYPE OR PRINT)	ARTHUR		Α.	I	KELLY	AU	GUST 27,	1979	2:20 p
	3. SEX		4 RACE	all le	S. DATE C		6. AGE (INYE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	Male 76. BIRTHPLACE (STATE COUNTRY) Washington		White 76 CITIZEN OF WH U.S.A.		MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR COUP	NTY OF DEATH	MD
3	10. CITY OR TOWN OF		(IF NOT IN SUCH FA	SPITAL, NURSING CILITY, GIVE STREET AD JOSEPH H	DRESS)	DR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKIN	Guffe) 126. KIND C INDUSTRY Gener	Chevrole al Moter
5	USUAL RESIDENCE (IF 130. STATE Md.	NURSING HOME OR 136 COUN Harf	ITY 13c	e residence before A CITY OR TOWN		134 INSIDE CITY LIMITS? YES X NO 1	13e STREET A	ADDRESS Doncaster		
6	14 FATHER'S NAME FIRST		MIDDLE	Kelly		15. MOTHER'S MAIDEN NAI		MIDDLE	Jone	
2	160 WAS DECEASED E (YES, NO OR UNKNOWN		WAR OR DATES)	5 SOCIAL SECURI		Mr. Arthur	Kelly (son) Hun	tlev. Il	1. 60142
	18 CAUSE OF D PART I. DEAT Conditions, if gave rise to cause rise, s	DEATH (Enter an TH WAS CAUSE IMMEDIAT any, which immediate	ly one couse per line D BY: E CAUSE (a) R DUE TO, OR A: (b) 0	enal ins s a CONSEQUEN bstructi S A CONSEQUEN	uffi uffi ICE OF Ve u	ciency				WATE INTERVAL ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

190. DATE OF OPERATION

8/2/79

21d. INJURY OCCURRED

ACCIDENT WAS UNDERLYING

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceased alive above, (we) (did) (vid

224 PHYSICIAN'S NAME (TYPE OF RINT)

23a BURIAL, CREMATION, REMOVAL 23b. DATE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of prostate

DAY

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

COUNTY

NO (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

(aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED STAFF

COUNTY

ATTENDING PHYSICIAN 22e. ADDRESS

Cem.

DIRECTOR PHYSICIAN

CITY OR TOWN

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

21f. LOCATION

7620 York Road, Towson, MD 21204

MEDICAL

Burial	An	ug.	31,1979	Lanca
FUNERAL DIRECTOR	Rarnos		ADDRESS	14/20

Beatriz P. Dizon, M.D.

220.1 certify that X (this haspital) attended the deceased from saw the deceased give an August 27

Lancaster

STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

ster Rural Fleming Funeral Service - Benson,

21b. TIME OF INJURY

P.M

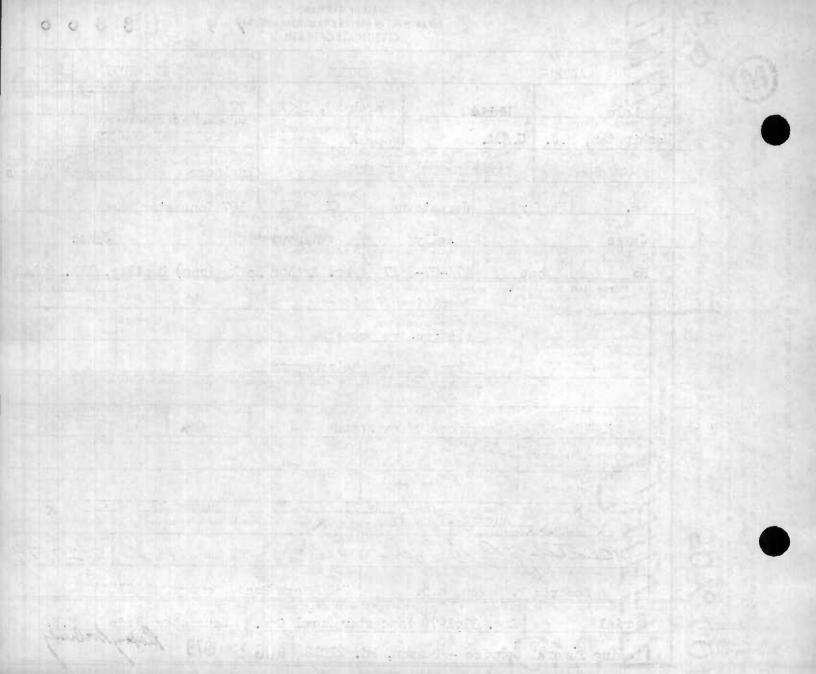
21e. PLACE OF INJURY

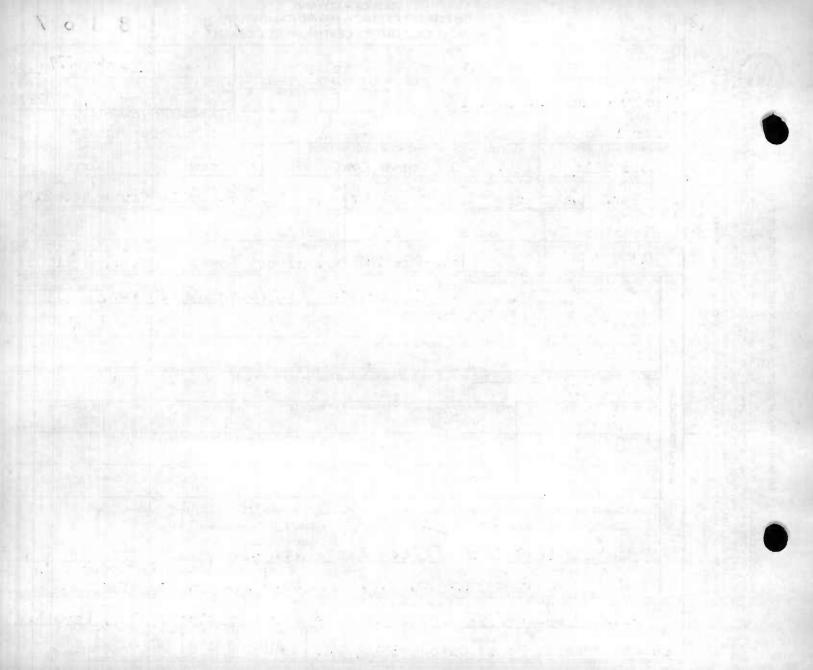
HOUR A.M. MONTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

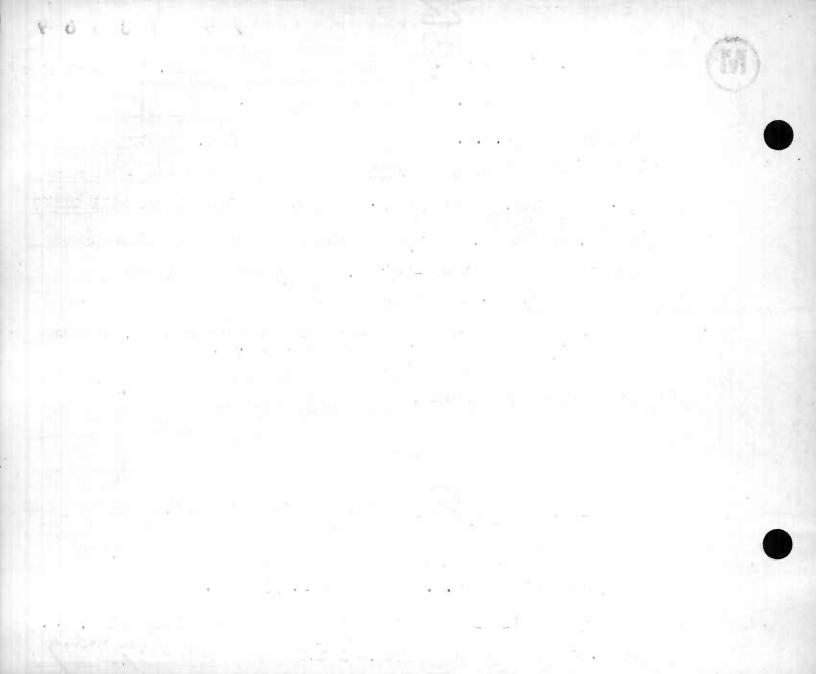
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23d. LOCATION

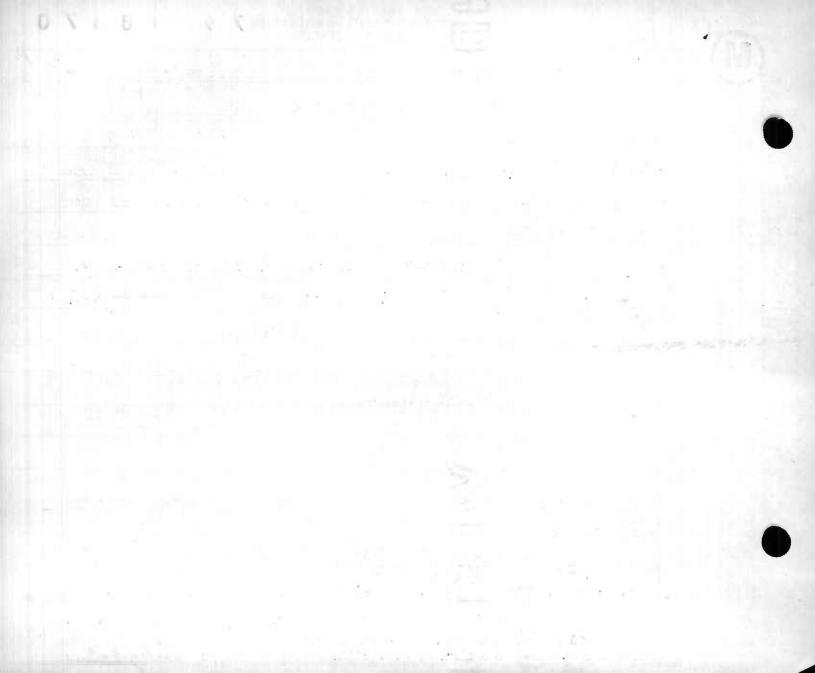




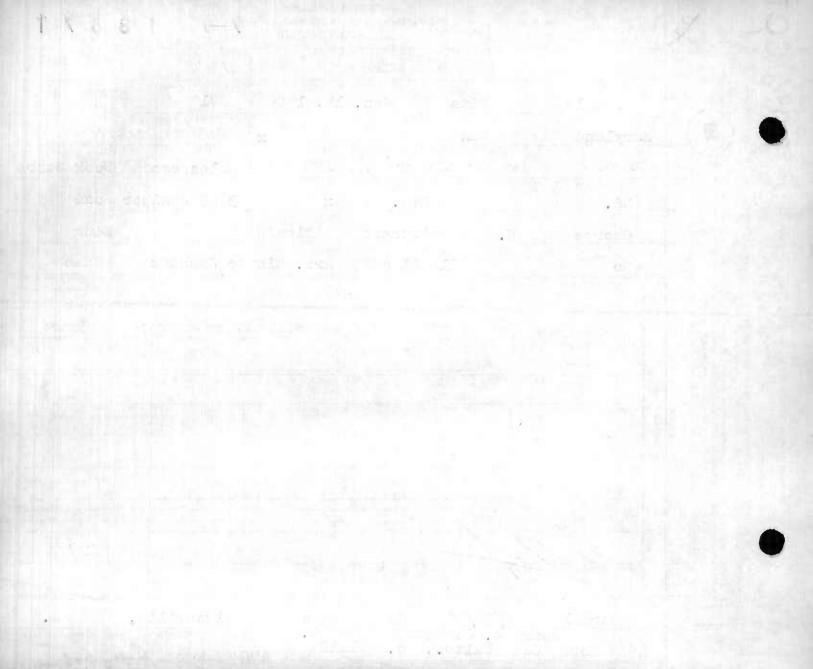
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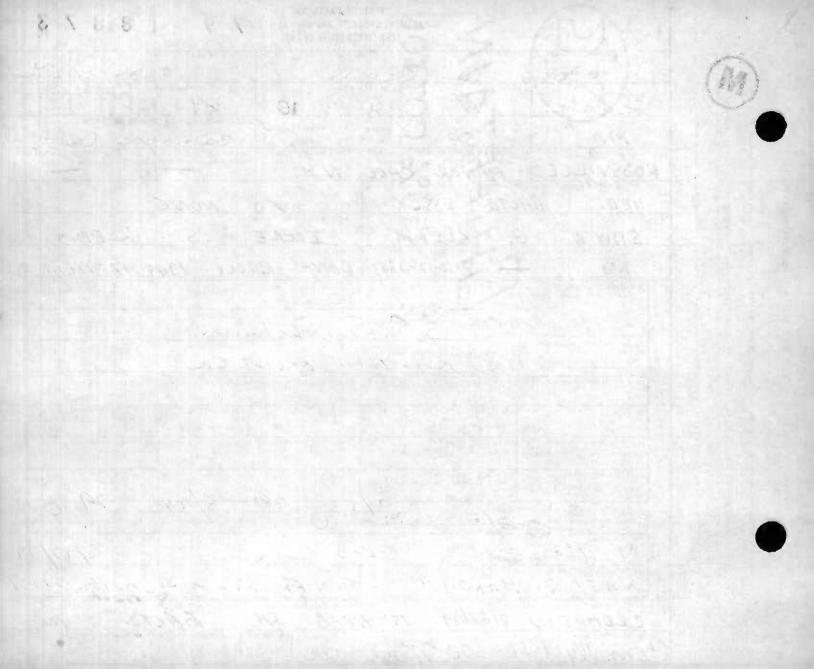
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF _____ - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH Teila. 8/23/79 H. Kirkness 0:00AM 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1908 Jan. White Female BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County USA Maryland WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Greater Baltimore Medical Center TYPE OF WORK FOR MOST OF WORKING LIFE Book Store Towson Salesperson DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 3909 Juniper Road 13d. INSIDE CITY LIMITS? Balto. YES X Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDCLE King Minnie H. Kirkness George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 4089 Mrs. Minnie Jachens Same No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Generalized Carcinomatosis IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Right Breast with metastases 2 years Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ĕ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? bei NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (our) apinian death occurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady efter death 27% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/23/79 = should be det with the State IMPORTANT: 226, PHYSICIAN'S NAME WELL THE 22e ADDRESS GBMC, 6701 N. Charles Street 21204 Ahmed S. Shafik, M.D. Pikesville, 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Md. Druid Ridge Burial Jenkins & Sons Co. Henry 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Balto. Md. 21212 York Road (VRA 15 (4))



DIVISION OF VITAL RECORDS,

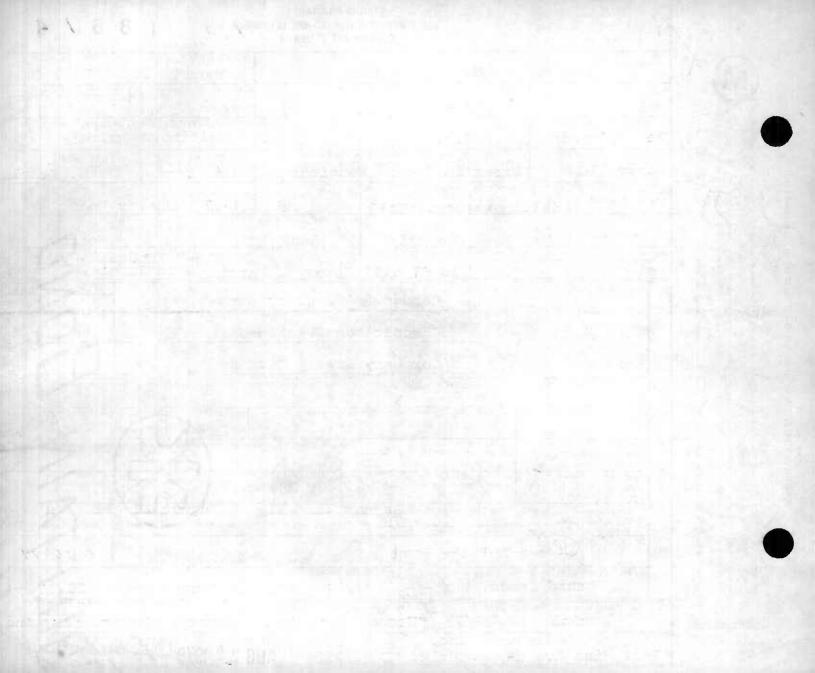


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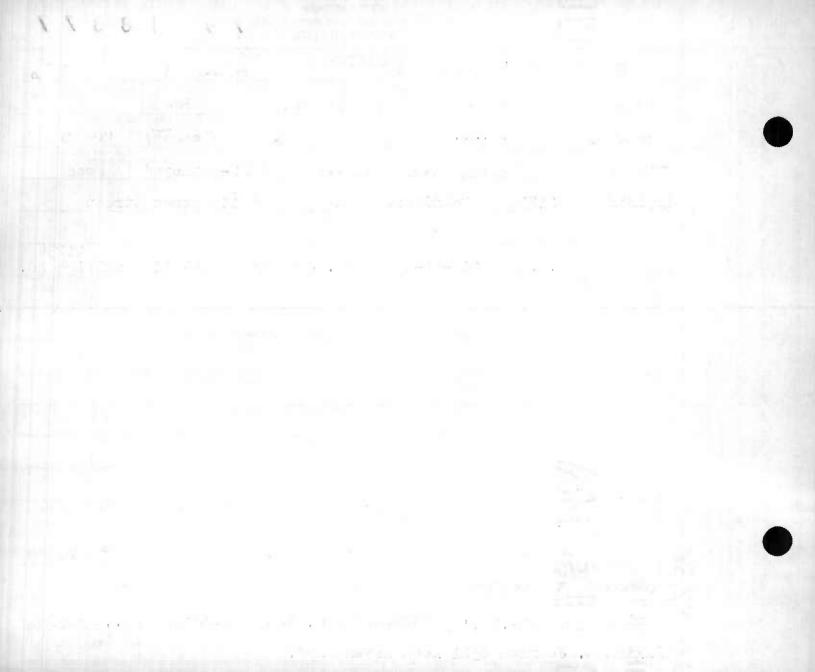
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7922 Wise Avenue, Dundalk, MD

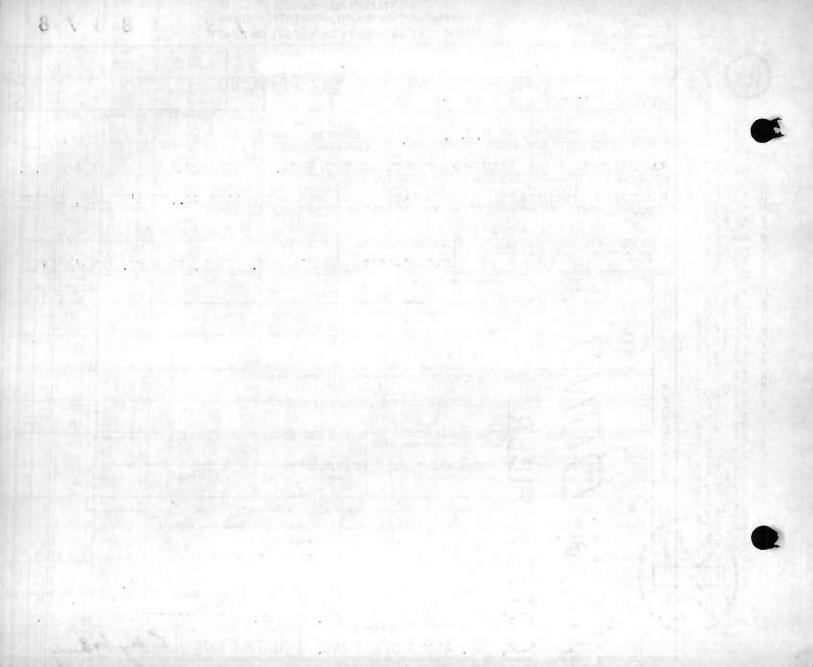


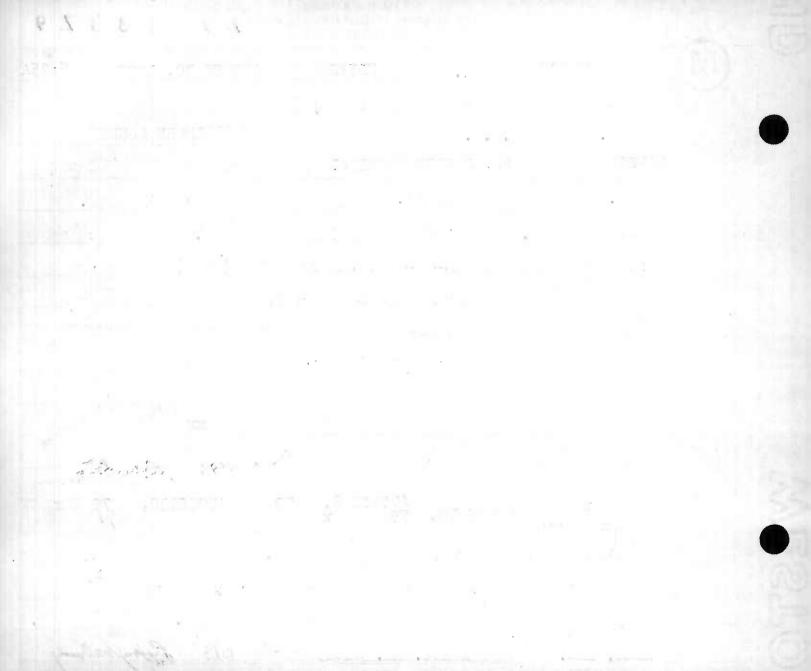
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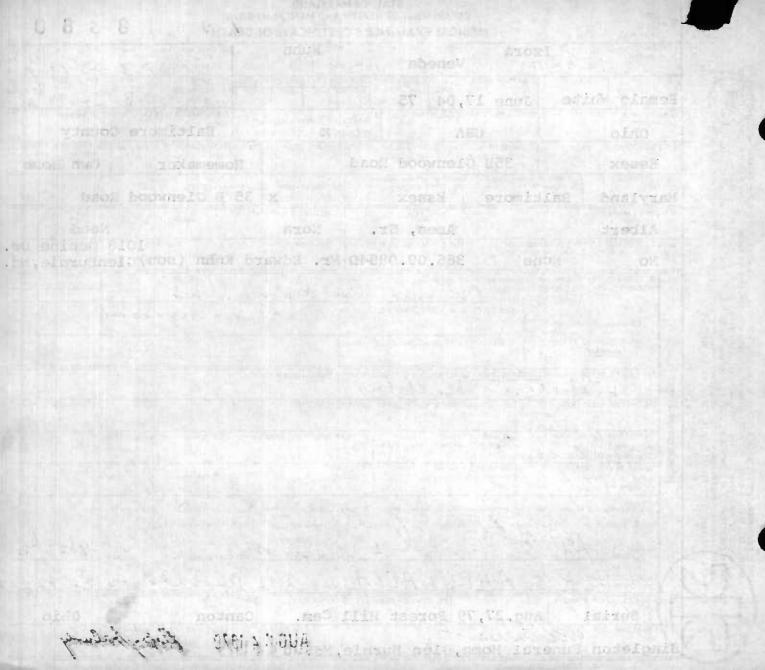


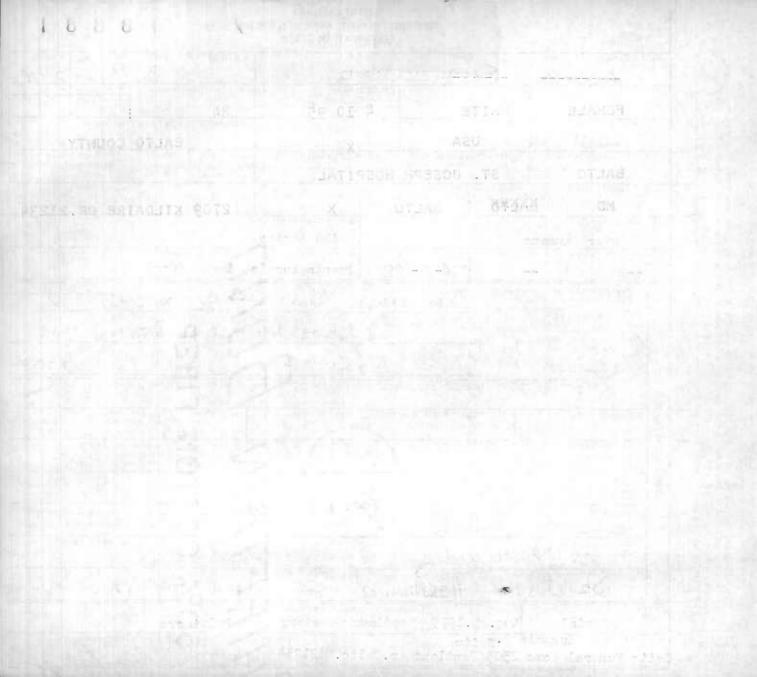
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1		18. CAUSE OF	DEATH (Enter or	nly one cause	per line	19 (a), (b), and (c).)	7							MET	PPROXIMAT	E INTERVAL
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	23a. B	JRIAL, CREMAT	ION,REMOVAL	23b. DATE		23c.	NAME OF CEA	AETERY O	RCREMATO	ORY	23d. LC	OCATION OR TOWN		cc	YTAUC	-122	TATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME Izora 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-HN 11.00 ZOK Veneda DEATH MATED 4 RACE 6. AGE (IN YEARS SEX DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED White June 17,04 Female 75 319 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County Ohio USA WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS. Glenwood OR INDUSTRY Homemaker Essex Own Home RECORDS USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 35 B Glenwood Road Maryland Essex NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST OF VIT Albert Ames, Sr. Nora Need ADDRESS 1018 Genine Dr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) HEYES GIVE WAR OR DATES! Mr. Edward Kuhn (son) GlenBurnie, Md. B66.09.0854D No None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE-TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a. DATE OF OPERATION 9h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES NO [216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNED EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE 23r. NAME OF CEMETERY OR CREMATORY Aug. 27, 79 Forest Hill Cem. Burial Canton Ohio BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Singleton Funeral Home, Glen Burnie, Md L 15M 7/77





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

75 HOUR

REG. NO 26 DATE OF DEATH MONTH

August 20, 1979

IF UNDER I YEAR DAYS

IF UNDER 24 HRS HOURS.

4:50 pm

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore Co. CTYPE OF WORK FOR MOST OF WORKING LIFE | INDUSTRY

17h KIND OF BUSINESS OR

6806 Bellona Ave

LAST

220-54-8814-A Sisters of Mercy, Mercy Villa, Balto., Md.

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

COUNTY

22c DATE SIGNED

STATE

STATE

BP DHMH - 16 50M 7/77 (VRA 15(4))

24 FUNERAL DIRECTOR

Burial

FOR

1 DECEASED NAME

REGISTRAR

- STATE

8/23/79

Woodlawn Cemetery Mitchell-Wiedefeld Home, Inc., 6500 York Rd.

Woodlawn

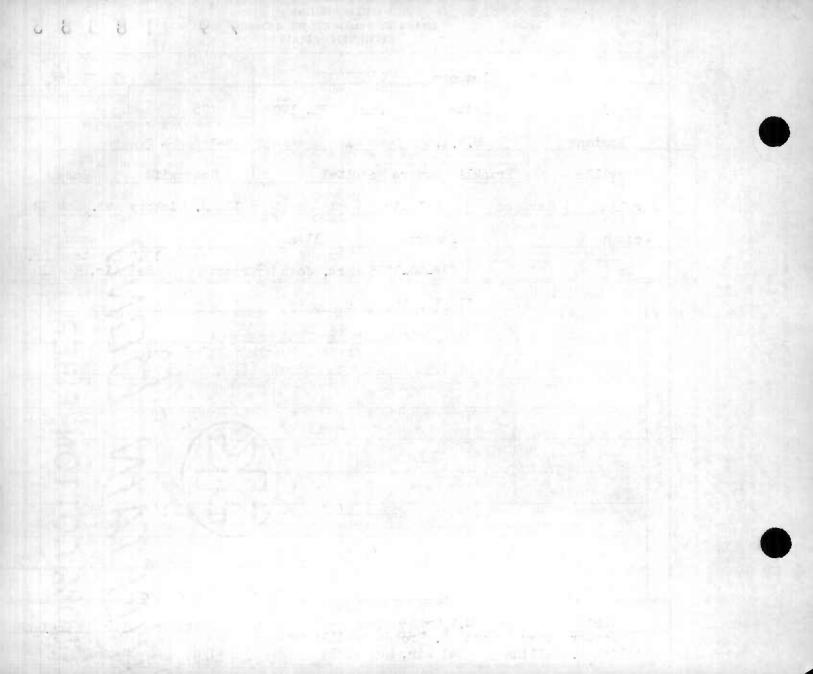
Balto. Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

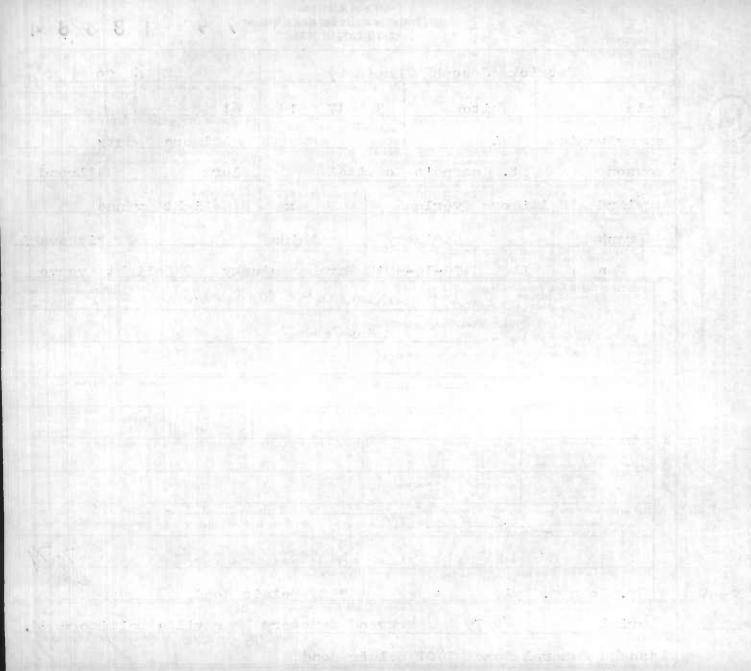
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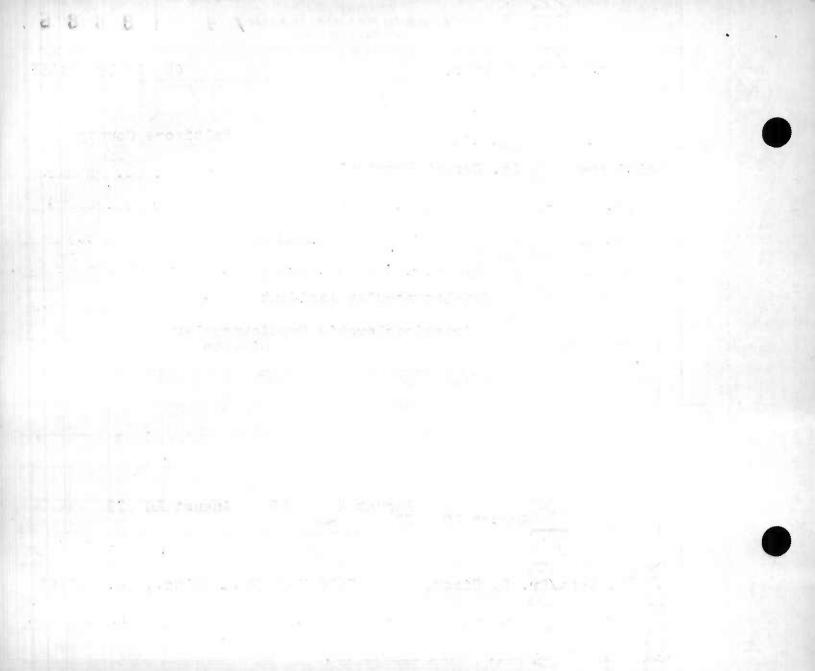
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11/	1	Items 19a	& 19b.	g 535		E OF MARYLAND	200 - 25	
	1	FOR STATE /24/79 REGISTRAR	dad	DEPARTM		IEALTH AND MENTAL HYC FICATE OF DEATH		8 8 8 3
		CEASED NAME FIRST		MIDDLE		LAST	REG. NO.	DAY YEAR 2b. HOUR
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£ (71%)	3 S		4 RACE		5. DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
Poge 1	7n P	Female IRTHPLACE ISTATE OR FOREIGN		what COUNTRY?	Jun	e 21, 1903	9. BALTIMORE CITY OR COU	RS.
neral n 72 h		Tndiana			MARRIE	D NEVER MARRIED DIVORCED	Baltimore C	
s offer d by the fu	A	TY OR TOWN OF DEATH	11. NAME OF		G HOME	OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife	126 KIND OF BUSINESS OR
2120 hours		AL RESIDENCE (IF NURSING HO)	AE OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)			110416
AND 24 h	M	aryland H	arford	Bel A	ir	13d. INSIDE CITY LIMITS?	126 N. Hicko	ry Ave. Apt 32
E, MARYL.	1	Joseph	MIDDLE	Teders		15 MOTHER'S MAIDEN NA FIRST Ellen	ME	Amen
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by spers. Pages 1 and 2 should be file vol. it, the medical examiner must be in	160	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? , GIVE WAR OR DATES)	215-40-1		17. INFORMANT Mrs. Joan MC	ADDRES 13: Creesh Be	17 Saratoga Dr. el Air, Md 21014
es that the death certifice by the attending phylosise remove carbon polesise remove carbon purial, cremation, or removing, or ather traumatic even	ION	18 CAUSE OF DEATH lEnter PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, O DUE TO, O DUE TO, O (b)	Ileal coli DR AS A CONSEQUEN Gastrostom DR AS A CONSEQUEN Limited au	ic an NCE OF NY & NCE OF UTOPS	ventral herni death - Myoca y to abdomen	a repair rdial Infarctio (clinical cause INAL DISEASE OR CONDITION	e of
At REC	CERTIFICATION	8/15/79	Ente	rocutanec		izstula w/ ab	C@€¶¶ NO□ IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
SION OF VITA PHYSICIAN: T ending physici this certificate the buriol-transi ad Mental Hygi d or Item 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A.	DFINJURY .M. MONTH DAY .M.	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18. PART 1 OR PART 2)
DING PHYSIC or attending or attending at After this cer e as the burio alth and Ment marked or Iter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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by the hor by the hor by the hor by the hor ERAL DIRE		226 PHYSICIAN S NAME (IN	lupu .	ei sl	de	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8/21/79
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7 = 7 + 3 ₹	23a.	BURIAL, CREMATION, REMOV	AL 23b DATE	23c. N/		EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	Aug 2	4,1979 Nev	v Cat	hedral Cemete	ry Baltimore	City Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	uneral Mosber Fur William E. Co	llins	e W. Broa Bel Air,			REC'D, BY REGISTRAR 256, REC 2 4 1979	SIST KAR'S SIGNATURE TO

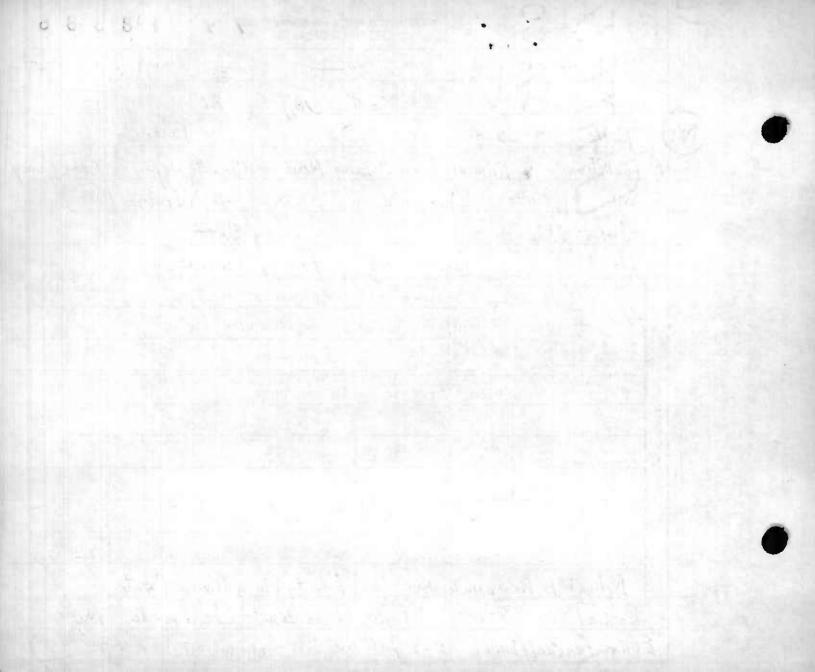


DECEASED NAME 1831 MODEL LOST 18 DOUBLE SOLATE OF DEATH SOCIAL SECURITY OF MAIN SOLATE OF DEATH SOCIAL SECURITY OF DEATH SOLATE OF DEA			1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF HE	ALTH AND	MENTAL HYG	GIENE 7	9 REG. N	0.	8 8	8 4
Patrick Joseph Lapinsky A GE (NYEMSIA) BROWN NEW PART 100 100		- 1			RST	MIDDLE		LAS	ī		20. DATE	OF DE ATH	HTMOM	DAY YEAR	26. HOUR
Male Male	page 3			Pa	tri	ck Jose	ph	Lapir	isky				8 6	79	1001
Male Technical diagraphics of What Country 1	a d		3 SEX	(4	RACE				VEAR	& AGE (IN	YEARS LAST BIRT	(HDAY)		
Country Coun	1		M	ale	-	White		3			61		YRS	MONTHS	, HOOKS MIN.
Definity Vania USA Widowed Divorced Baltimore County Marco Divorced Baltimore County Divorced Divor	J ej	11	70 BI	RTHPLACE ISTATE OR FOREIG	7b	CITIZEN OF WHAT	COUNTRY?	8 AA A PRIED	NEVER	MARRIED [9 BALTIM	ORE CITY O	R COUNT	Y OF DEATH	
Is CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITS USUAL OCCUPATION TOWN OWN FOR MOST OWN OWN OWN FOR MOST OWN FOR MOST OWN OWN FOR MOST OWN OWN FOR MOST OWN OWN FOR MOST OWN FOR	100	5				USA					Bal	timor	e Co	unty	M
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Second S	N. C.	0			MID			kv	Α			MIDDLE			
18. CAUSE OF DEATH (Enter only one cause per line for sp.) (b), and (c).) State PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A		1		AS DECEASED EVER IN L		D FORCES? 166. SC						ADDRI	55		
18. CAUSE OF DEATH (Enter only one cause per line for 19) (b), and (c).	2		(1			EI 17	9-18-	0018	Sara	h Lapi	nsky	8	Deli	ght A	venue
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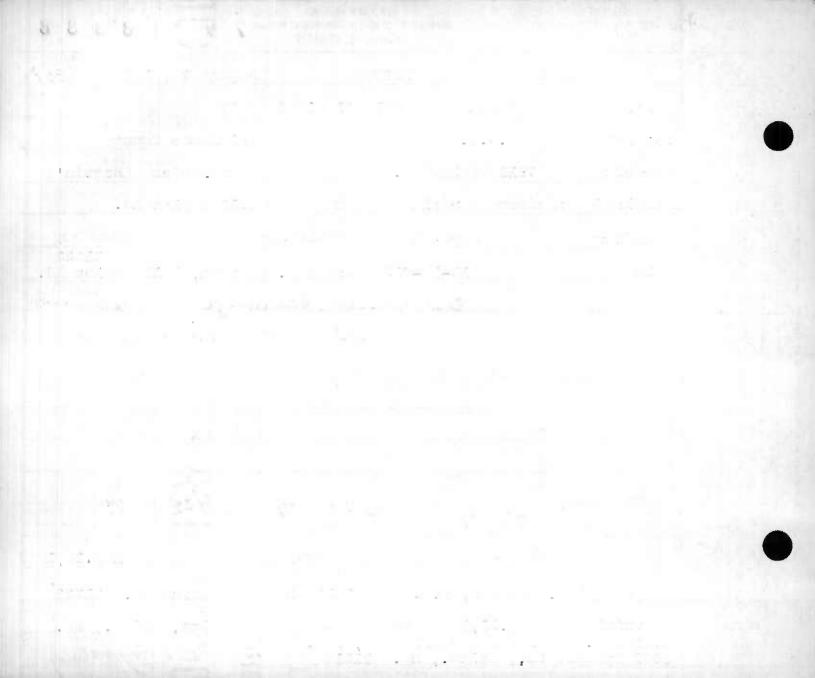
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ge 4 moy be tor, page 3 offer death	3 SE	× F	WACE W	5 DATE OF BIRTH	DAY LOGIC	AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER	DAYS HOURS MIN.
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ter this c is the burn and Me rked or II	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		OCATION STREET	CITY OR TOW	'N COUN	NTY STATE
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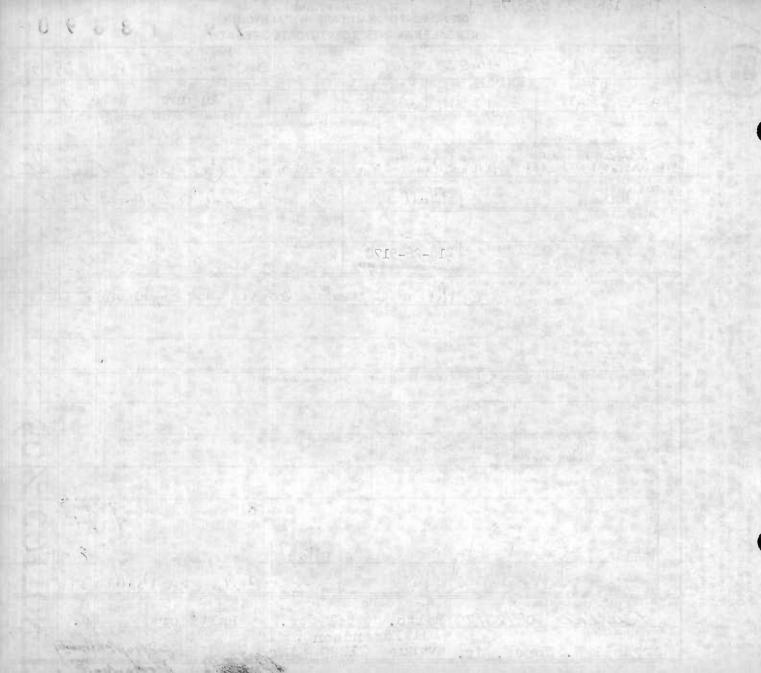
DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME MIDDLE 2e. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) MILTON LEPPERT 4:30 August 27 1979 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1902 White July YRS 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWED DNORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR 7613 Poplar Rd. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrician Martin's USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c CITY OR TOWN 134 INSIDE GITY LIMITS 13ª STREET ADDRESS Baltimore Dundalk 7613 Poplar Rd. IS MOTHER'S MAIDEN NAME MIDDLE LAST Katherine MIDDLE Schaefer Leppert ADDRESS 49 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT 21222 (IF YES, GIVE WAR OR DATES) 213-10-0330A 7613 Poplar Rd James APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES T 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNT STATE 22a | certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (b) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF Aug. 28, 1979 DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (179) CHANGE 22e ADDRESS Joseph J. Cameron. 1012 M.D. Old North Point Rd. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Aug.31,1979 Gardens of Faith Burial Overlea Balto. ALTENBURG FUNERAL HOME, INC. PATE REC'D. BY REGISTRAR'S SIGNATURE AUG 2 9 1979 6009 Harford Rd., Balto., Md. 21214

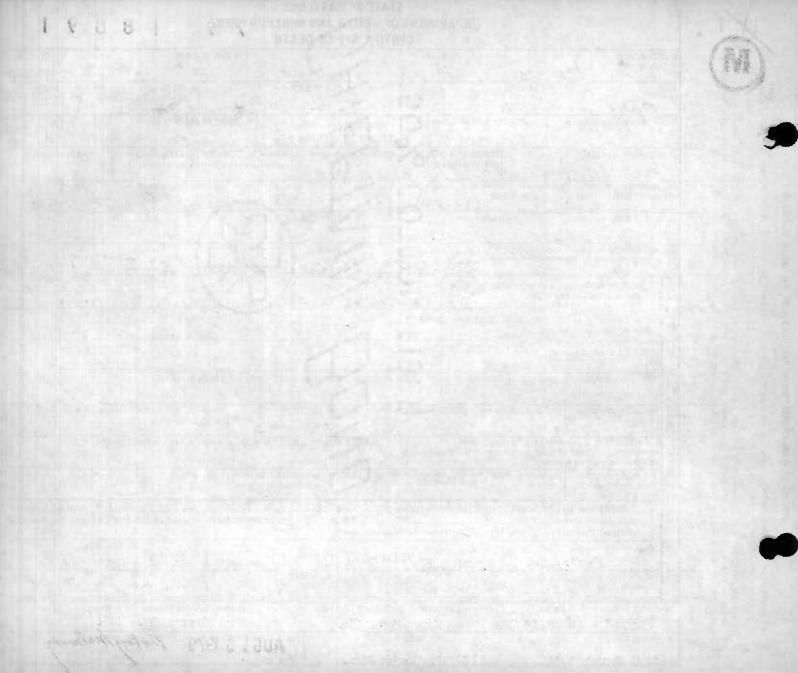


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PAGE 2011	b.	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17th OSPITAL OCCUPATION (TYPE OF WORK 17th K. H.D. OF HOSPITA
DEL BE	WSU/	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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BALTIMORE, MI URS AFTER DEATH ORP PAGES 1. WITH FORM PM. : PAGES 1. AND DIVISION OF VII	(A	7/21 (IF YES, GIVE WAR OR DATES) 210-20-5170 April 1006 E. 30 th St. 21018
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	27	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
<u> </u>		death resulted from: \ Notural couses \ \ Accident \ \ \ , \ Accident \ \ \ \ \ , \ Suicide \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
EXAMI CERTIF JUD BE WITH ARYLAI		TITLE (SPECIFY)
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DIC DEA ORE ST		EXAMINER'S NAME
TO MEDICAL EXA EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARYI		(TYPE OR PRINT) ADDRESS AD 115 Man Fel 1 James 1736 Mel
EXE EXE PAFI BAL	23a,B	URIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE
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DHMH - 17 (VR A15 ME (5))		NAME ADDRESS 4101 EUMONGSON
15M 7/77	IVI	arshall W. Jones, Jr. Avenue 21229 Alle 1 6 1970



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Yeor 7:30M UDEN 9 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. last birthe DAYS MONTHS HOURS MAGE 13 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED 11.5.Ai WIDOWED | DIVORCED BALTO. II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DARRISON GARRISON VALLEY NI 13a. USUAL RESIDENCE (Where deceased lived if institution; Residence before 13e. STREET AND NUMBER 13c. CITY'OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES NO SALTO. 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle corge hristina Louden 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, gr ynknown) papers. 226-07/-87 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) permit 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Z 0 21g. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (It either, notity medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 19_17, ta 8/10 _19 ? f, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an..... causes stated abave, (1) (we) (did) (didnot) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MID DEGREE **ATTENDING** PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS BOAS 50 SCOTT ADAM NAME (Type) should of Heal 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) Baltimore Co., Md. 8/16/79 King Mem. Pk. BY REGISTRAND 79 25b. POSSEP SS SIGNATURE Cready 24. FUNERAL DIRECTOR -16 1/71 30M (VR A15 (4)) Wm C March F/H 1101 E. North Ave



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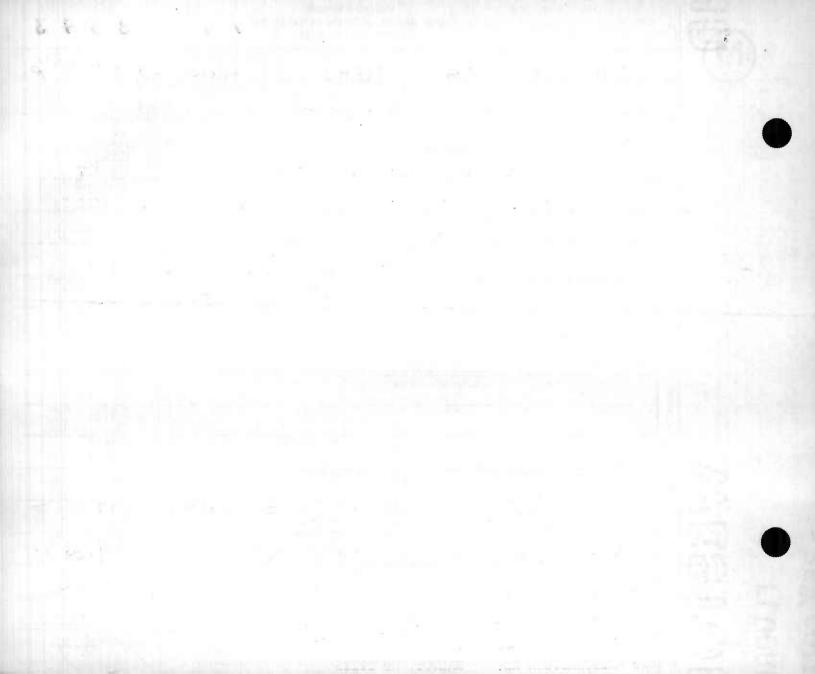
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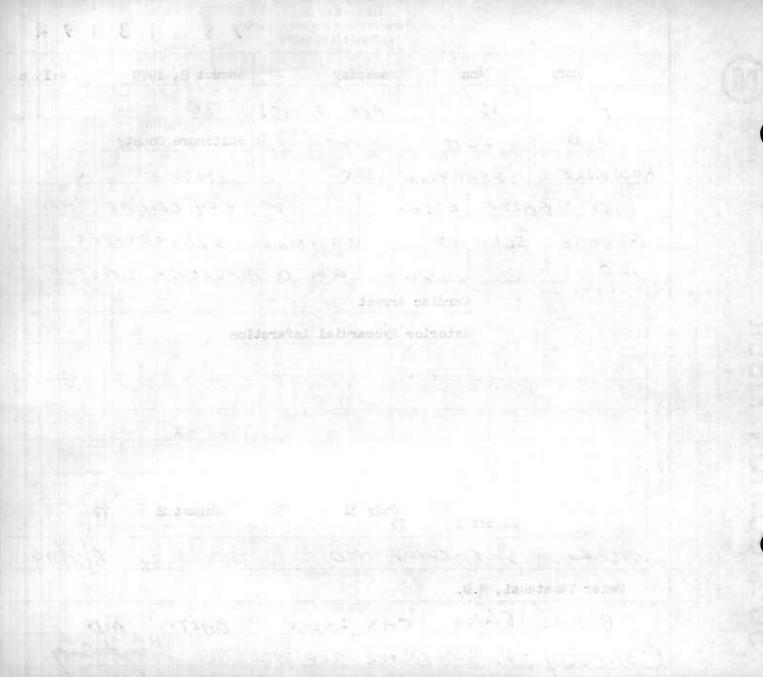
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STATE OF MARYLAND

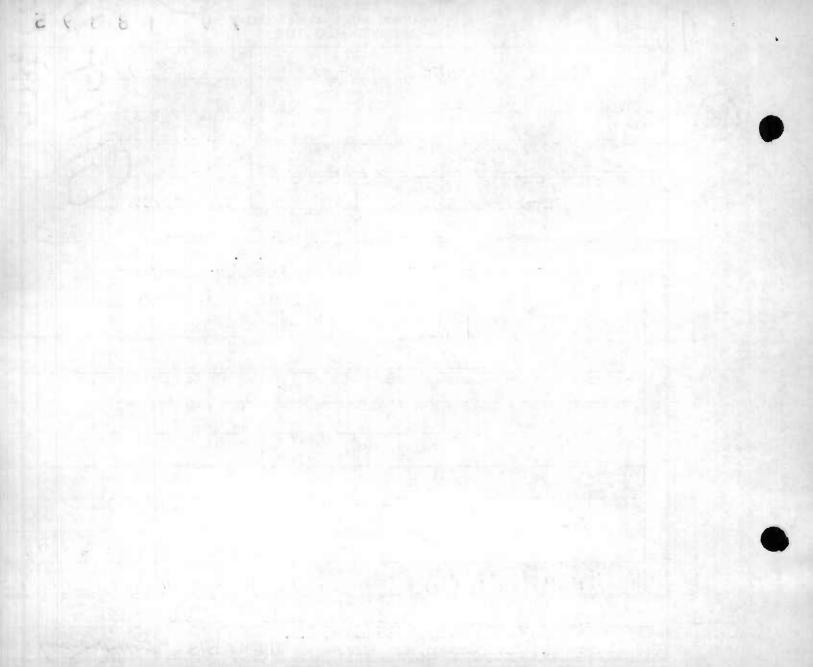
FOR

6010 REISTERSTOWN RD.





. /	1 -	STATE REGISTRAR		DEPARTM	CERTIFICA	TE OF DEATH	REG. N	0.	7 3
ge 3		CEASED NAME FIRST OR PRINT) Kathryy		ette	mans+	edd	20. DATE OF DEATH	MONTH DAY YEA	26 HOUR
er d	3. SE>		4 RACE		5. DATE OF BIR	DAY YEAR	6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
13.0		Female		ite	12	29 1894	84	YRS	
関連とって	/a. BII	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED -	NEVER MARRIED	-	OR COUNTY OF DEATI	
CZ3-		MD	USA		widowed [DIVORCED XX		re County	M
John John John John John John John John	Ro	ty or town of death andalls town	Randalls		valescen	t Center	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O NUTSE		ID OF BUSINESS OF
st be	USUA 13a S	AL RESIDENCE (IF NURSING HOME ITATE 136 COL	OR OTHER INSTITUTION, C	SIVE RESIDENCE BEFORE	ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRESS		
E (MD Bali	imore	Locheam		NOXX	3514 Old	Mill Road	
xominer 2	14 FA	THER'S NAME FIRST Joseph (MIDDLE Gerod	last Merk Le	15. A	OTHER'S MAIDEN NAM FIRST Helen	AE Reg i n	a Me	etcalf
9		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU					
med.	(Y	es, no or unknown) (if yes, g	VE WAR OR DATES)	214-26-1	285 21	6 Gladstone	H. Audrey	timore, MD	21210
the		18 CAUSE OF DEATH (Enter			77	O abaab boile	//	APP BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
ent,		PART I. DEATH WAS CAUS	ED BY.	On A	m/10	mineton	y More	dk	EEN CISSET AISO DEAT
it ce		4120 IMMEDIA	ATE CAUSE (a)	AE ACONSEQUE	NCE OF	11.0	1		
OW O		Conditions, if ony, which	(b)	AS ACONSEQUE	1	CVH.	0		
1		gave rise to immediate cause (a), stating the	10)	AS A CONSEQUE	NCEOC				
othe		underlying couse lost	DUE TO, OR	ASSAICOMSEQUE	ao-	0.			
y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUTNOT	RELATED TO THE TERM	NAL DISEASE OR CON	IDITION GIVEN IN PAR	T 1(o
in in	NO O								
ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION WA	S PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
18 sho	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF			HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)
wentoll in the miles		OR CONTRIBUTING CAUSE OF D	LAIII	MONTH DA	Y YEAR				
or He	MEDICAL	214 INJURY OCCURRED	21e PLACE C	F INJURY	211.	LOCATION			
ked	WE	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
a or		22a I certify that (I) (this has	outal) attended the	deceased from a	1.4.	76 10	10. 7 . 3	1999	, that (I) (we) lo
-22		saw the deceased alive a	n 7. 2	19	9_, and the	t in (my) (our) opinion o	leoth occurred on the d	ote and hour and from	
B 2		above, (I) (we) (drd) (did r	not) view the body o	fter death	DEGR	FF		722c. D	ATE SIGNED
#		V	7		17	ATTENDING	MEDICAL STA	FF S	3.1.79
TAN I		22d. PHYSICIAN'S NAME (TYPE	OR PRINTI		22e	ADDRESS	DIRECTOR PHYSIC	CIAN	\ //
IMPORTANT: I		POARN	J. KA	MD		8811Lil	Suly 140	andellahor	4102113
> 5	23a. B	URIAL, CREMATION, REMOVA				ERY OR CREMATORY	LOCATION CITY OR TOWN	COUNTY	re MD
_		BURIAL	8/3/7	9 Gra	anite Pr	esbyterian	Granite		
	24 FL	NERAL DIRECTOR Lorin	a Buers	Fringral 1	moretar	P 4 250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	NATURE
75		8 Liberty Rd.	9 29020 .	ADDRESS	DUICUUI	2 - 022	02 1979	tisky M	a Country

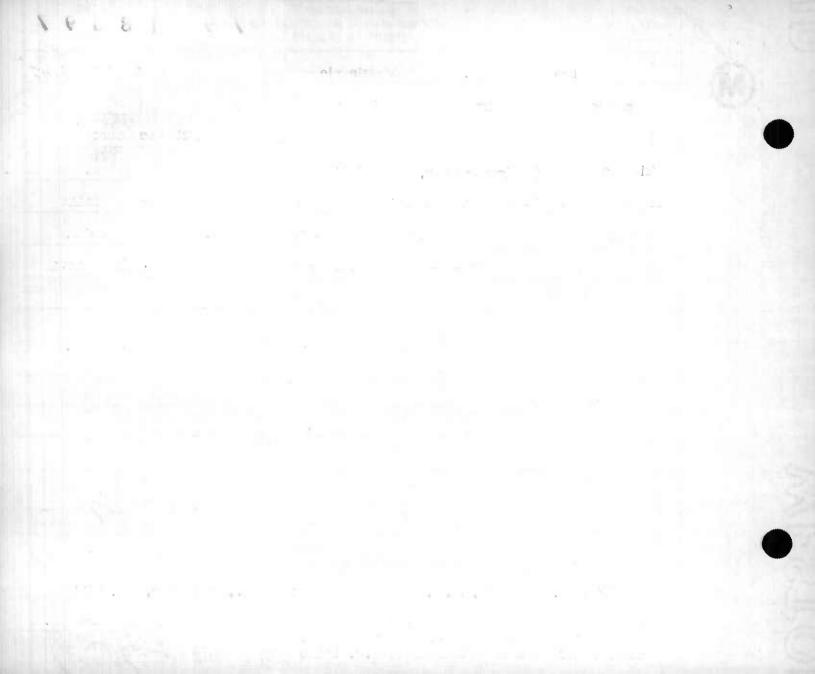


1)		1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	ieny 9	1 8 8	96
1				CEASED NAME FIRST	,	MIDOLE		AST	REG. NO		2b HOUR
60	to, page 3 after death		(TYPE	Elizab	eth Ev	ans Mar	tin		August :	22, 1979	9:05P _M
	4 ma	081	3. SE		1. RACE	79	5 DATE C	E-114	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYE	
	Page 4 director			emale	Whit		Sep.	t. 16, 1914	64	YRS	
	of h. P	ouce.	C	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?		NEVER MARRIED	_	R COUNTY OF DEATH	
	ter death.	to 12		Pennsylvania TY OR TOWN OF DEATH	U.S.		WIDOWE	D DIVORCED A	12a USUAL OCCUPATION		MD. D OF BUSINESS OR
201	by the	20 Pied	ŋ	owson		-Medica		nter	Secreta:		rplane
ND 21:	nin 24 haurs af ly filled in by tl shauld be filed	S Parent	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY Bal	other institution	113r CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS: 7843 Hi:	llsway Av	renue
RYLA	2 te	niner	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		
WA	omp	8031	-	ohn Th	omas	Evans		Catherin		Roth	i ASI
MORE	0 7 6	medico	No N		MED FORCES? WAR OR DATES)	189 03	4498	Janice M.	Hill3108		Ave.2121
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the of removements	injury, ar ather traumatic event,	NO	RANGE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	f (ta)
AL RECO	he lo bn. has r per	9 guo	CERTIFICATION	19a. DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	ND INGS USED SES OF DEATH?
OF VITA	SICIAN: TI ng physica certificate arial-transit	dem 18 sh	ICAL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR			
VISION	HY H	marked ar It	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
ū		a mar		22a.1 certify that (I) (this hospi	tol) ottended th	e deceased from _		. 19	, to	, 19	, that (I) (we) lost
_	R ATTEN haspital RECTOR	21		saw the deceased plive on above, (I) (we) (did) (did no	t) view the bady	after death.	, or	d that in (my) (aur) apinion	death occurred on the do	ate and hour and from	the causes stated
	O e D D	T: If Item	d	22b. SIGNATURE		>		DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F 1	ATE SIGNED
	- 0 0 .0	Z AZ		22d. PHYSICIAN'S NAME (TYPE O				22e. ADDRESS			0
	TO HOSP retained TO FUNE should be with the	MPORTANT:		J. Alan Bal	danza,				ar Knoll	Rd. 21030)
	F 2	2	_ (URIAL, CREMATION, REMOVAL	23b. DATE	23c. t		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	14		urial UNERAL DIRECTOR	Aug. 2	5. 79	Park	wood Cemete	ry Baltim	ore Co.	Md.
	DHMH - 16 50M 1/76 (VR A 15 (4))			illiam E. Joh	nson 8	521 Loc	h Ra			25b. RED ISTRAR'S SIGN	Checoly
										-	

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Witzke Funeral Home of CatoHsville, P.A. 21228

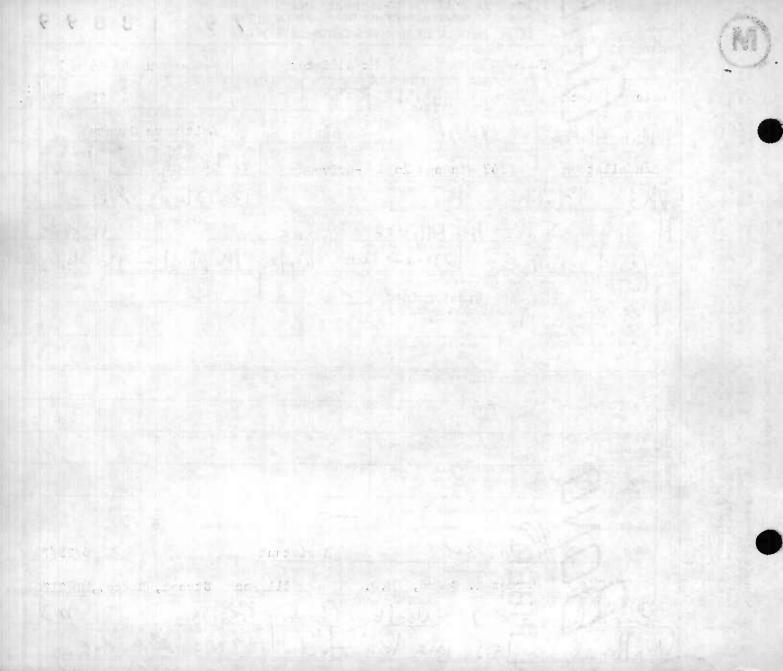
(VRA 15, 4) 7/78



	1			STAT	TE OF MARYLAND			
	1	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO	188	98
	1. DE	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	10 11001
		CEASED NAME FIRST		Masson	n	7/27/79		6:55 A
	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONINS DA	
		Male	Caucasian		22/02 ^{AY} YEAR	76	YRS	
of once.		IRTHPLACE (STATE OR FOREIGN DUNTRY) Iarviand	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRII WIDOW	ED NEVER MARRIED	Baltimore City o		MC MC
S Control	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, G	NURSING HOME	or other institution edical Center	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Stevador	ON 12b. KIN F WORKING LIFE) INDUST	ID OF BUSINESS OR
T South	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c CITY	NCE BEFORE ADMISSION OR TOWN	138 INSIDE CITY LIMITS? YES NO [X]	13. STREET ADDRESS 829 S. WOO		
(-3)	14. F	ATHER'S NAME Charles	Masson	LAST	15 MOTHER'S MAIDEN NA FIRST			(Masson)
) medical		WAS DECEASED EVER IN U.S. ALL YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	03-0918	Admission Re	addre 6 cord GBMC B	701 N. Cha Baltimore,	rles St. Md. 21204
any injury, or other traumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause lot, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION		ING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	20b IF YES, WERE FIN	NDINGS USED
	RTIFIC	21a ACCIDENT WAS UNDERLYING	The or hilling		Till HOW IN HURY OCCUP	YES NO	IN CERTIFYING CAU	NO 🗌
Item 18		OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN HEM 18, PART I OR PART	2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	V. OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
21 is morked		22a I certify that (I) (this base sow the deceased alive a above, (I) (we) (did) (di	11al) offerded the deceased 7/27/79		nd that in (my) (<u>our)</u> opinion		. 19	, that (1) (we) last the couses stated
IT: If Item		226 SIGNATURE	Reter	1	ATTENDING PHYSICIAN [MEDICAL STAF	F . 7	127/79
IMPORTANT		DR. S. L	AIKEN		22e. ADDRESS GBMC, 6701 I	V. Charles S	t. 21204	
4	23a	BURIAL, CREMATION, REMOVAL SPECIFY) Removal		230 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
75	24 F	uneral director Anatomy Board	Balt	DRESS O., Md.		E REC'D. BY REGISTRAR		Scale of

12711. Anatomy Meant Balto., Md.

1.	Items #	18a-22a Fi				ARYLAND AND MENTAL HY	GIENE I	0	0	0	0
1	- STATE REGISTRAR		ME	DICAL EXAM	NER'S C	ERTIFICATE OF	DEATH REG. NO	0	0	,	7
	TYPE OR PRINT)		ames	WIDDLE		Llister	20. DATE KNOWN DF ESTI- DEATH MATED X	MONTH	14	YEAR 19 79	2b. HOU
3. :	male	1 RACE black	DATE OF BIRTH	YEAR 6. AGE (III LAST BIR			4 HRS. 2c DATE PRONOUNCED DEAD	MONTH	DAY 22	YEAR 19 79	8:50 P.
70	BIRTHPLAGE FOREIGN COLLYTR	(STATE OR	76. CITIZEN OF WI			D NEVER MARRIE	9. BALTIMORE CITY O	R COUN	ITY OF		P • V
10	CITY OR TOW	HILLIAM C	(IF NOT IN SUCH FA	SPITAL, NURSING HO	55)		20. USUAL OCCUPATION (TYPE		12b. K	IND OF BU	JSINESS RY
100		1stown E (IF IN NURSING HOME OR	OTHER INSTITUTION, GI	inands Rover RESIDENCE BEFORE ADM	ISSION)	civeway	attorney	- //	1	GW)	D 14
)	FATHER'S NA	1 Pal	10.	132. CITY OR TOW		YES NO Z	30 STREET ADDRESS de	1	ve		
d	tarve	y Jan	mes W	le Altist	er	Edna	WIDDLE		tic	Ken	2
16	YES, NO, OR UNK	GED EVER IN U.S. ARM MOVIN) (IF YES, GIVE W	VAR OR DATES)	231-22	- 3620	Shirley	Mc Allister	13	30	Slade	Ave
F		OF DEATH (Enter only DEATH WAS CAUSED	BY: YT.	for (a), (b), and (c).)	2					APPROXIMAT	E INTERVAL
	79	99	E CAUSE (U)	AS A CONSEQUEN							
	gave cause	rise to immediate o) stating the <u>under</u> -	(b) DUE TO, OR	AS A CONSEQUENCE	CE OF						
		SIGNIFICANT CONDITIONS C	(c)	BUT NOT BELATED TO THE	TERMINAL DICEASE	OR CONDITION GIVEN IN PART	1				
							110,				
	190. DATE	OF OPERATION	196 CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?		- 61	20	AUTOPSY YES X	, NO 🗆
	UNDERLY	NAL CAUSE WAS		MONTH DAY Y	EAR 21c. HC	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 I	ART 1 OR I	ART 2)		
	21d INJUR WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE			CATION	CITY OR TOWN	C	OUNTY		STATE
		rtify that I taok charge	e af the remains de	scribed above, held o	n Autop	y X Inspection	THE	d in my	pinion		
		ulted from: Nature	Poses L.	Accident L,	Suicide	, Homicide L., TITLE (SPECIFY)	Undetermined monner (30),				
-	ACTUAL SIGNATUR	E	evia		М	Assistant	MEDICAL EXAMINER	SIGN	ED_6	5/23/	79
1	EXAMINER (TYPE OR P	RINT)	Iormez R.				Penn Street, I	Balt	0.,1	ID 21	201
23	SPICIF CREA	NATION, REMOVAL 23	6-29-7	9 NAME OF		Cemetery	23d LOCATION CITY OR TOWN	- (UNTY	m.	The .
(FUNERAL DIE	ECTOR OF	ADDRESS	1000)669-	7 20	25b. REGISTRAR 25b. REGI	STRAR'S	SIGNA	TURE	



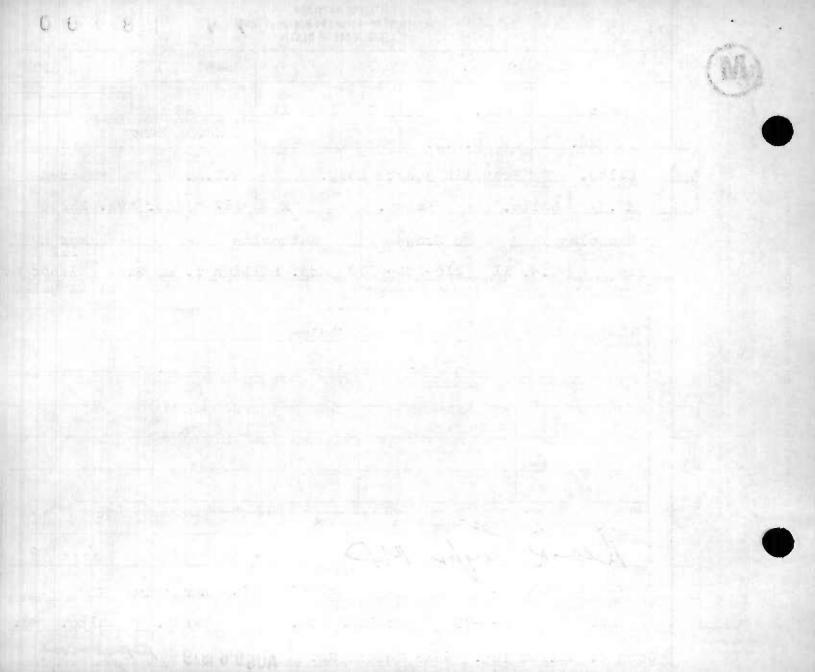
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1.	- STATE REGISTRAR			DLI AI		CATE OF DEAT		REG. N	1 0	, 0	9
		CEASED NAME E OR PRINT)	vichola		AIDDLE	MOGRA	AW		August 1,		YEAR	5:40P _M
	3. SE		4.	RACE	77 14	5 DATE C	DAY	EAR	6 AGE (IN YEARS LAST BI	MONT	-	FUNDER 24 HRS
35		Male IRTHPLACE (STATE OR FO COUNTRY) Md.	DREIGN 76.		WHAT COUNTR	RY? 8 MARRIEI WIDOWE	NEVER MARRI	ED 🗆	68 Baltimore City Baltimore	OR COUNTY OF	DEATH	MD.
57		Balto.		Frank	HEACILITY, GIVE STE Lin Sa	uare F	ROTHER INSTITUTION		120 USUAL OCCUPAT) TYPE OF WORK FOR MOST M. T. A		Reti	BUSINESS OR
36	13a. S	Md.	Balt		13c. CITY OR TO		13d INSIDE CITY LIA	×		nor Ave	. 21	236
130		ATHER'S NAME FIRST Nichola WAS DECEASED EVER			Mc Gra		Kat	heri	MIDDLE	ESS	Mu:	rphy
1	(YES NO OR UNKNOWN) YES 18 CAUSE OF DEATH W	W.W.	11		00-057	0 Mrs.	Lil	lian T.	Mc Graw		inor A
	rion	Conditions, if ony, gove rise to imm couse [10], stotm underlying cause	nediote g the last	DUE TO, OF	r as a consec Ischem	ouence of ic Hear	t Failure t Disease)	NAL DISEASE OR COM		10	
2	CERTIFICATION	19a DATE OF OPERAT		196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES O	
9	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	P.1	M. MONTH M.	DAY YEAR		OCCURRE	D JENTER NATURE OF INJ	JRY IN ITEM 18, PART 1	OR PART 2)	
	MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RK		EET, FACTORY, OFFI		211 LOCATION STREET		CITY OR TO		OUNTY	STATE
1		22a. I certify that (I) sow the decease above (we) I d 22b. SIGNATURE			e deceased from	79on	DEGREE	opinion di	, to August enth occurred on the o	AFF	79 , th I from the co	
1		22d PHYSICIAN'S NA Dean R.			jus	1-44	22e. ADDRESS		in Square		21237	
	23o. I	Burial, Cremation, SPECIFY) Buria	-	236. DATE 8-4-			emetery or cremand com.	ATORY	23d. LOCATION CITY OR TOWN Balt		alto	STATE Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECTOR John C. 6415 Miller Belair

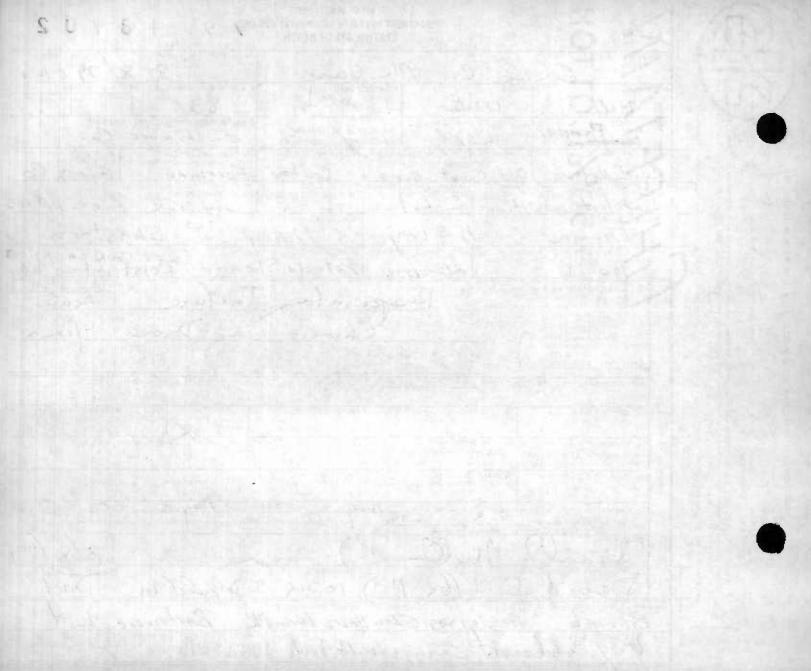


DIVISION OF VITAL RECORDS.

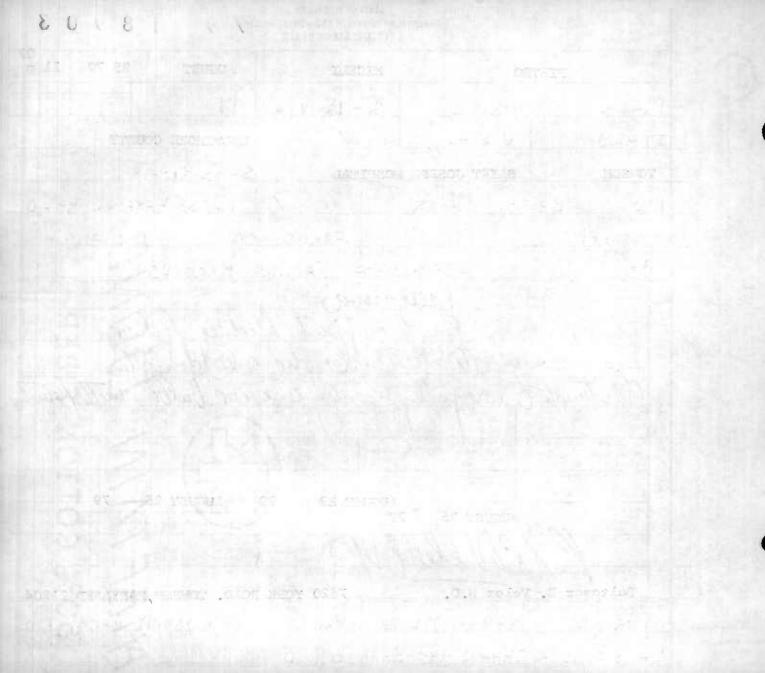
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21			STATE OF MAKTLAND		
(M)	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 9 0 2
(147)	1. DECEASED NAME	FIRST MIDDLE	IASI	REG. NO.	DAT ATAI TO HOUR
ay be ange 3 death	(TYPE OR PRINT)	Edga C.	Me Class	ZE. DATE OF DEATH MONTH	2/79/11/0
nay b page	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNGER I HAR FUNDER JAHES
ge 4 m	male	w hite	3 MONTH 10 DAY KYEAR	83	MONTHS DAYS HOURS MAN
Pool die	7a. BIRTHPLACE STORED	REIGN 76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUN	TY OF DEATH
Jeath.	Marine	MA, USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		e Co. MO.
the fu d with	10 CITY OR TOWN OF DEA	TH 11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
201	Rundalls to	un Old Court	nursing Center	Foreman	G-LASS (O.
YLAND 2120 thin 24 hours ely filled in by 2 should be fill can filled in by	Mary Land	ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE B	OWN TISH INSIDE CITY LIMITS?	13e STREET ADDRESS	Lane Action
hin hin sho	14 FATHER'S NAME	Baltimere reiste	15. MOTHER'S MAIDEN N	IAME	ant pro-
E, MARY complete	Thom	AS MIDDLE MCLAST	lay MA	ry Zode St	iasteen
	160 WAS DECEASED EVER		ECURITY NO. 17 INFORMANT	ADDRESS 4	Cartla Aption
baltimore ore be exect spers. Pages or, the medica	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) 2/2-0	102di PATVICIAS	heaver Reis	tevetow, up.
or cion		طل (Enter anly ane cause per line far (a)	12 277		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical population	PART I. DEATH W	AS CAUSED BY:	en en a fra	Factors	Acuto
ST P P P P P P P P P P P P P P P P P P P	1161	IMMEDIATE CAUSE (0)	20100100	11:100	1) Calle
he deoth ce he ottendin emave carb motion, ar	776	DUE TO, OR AS A CONSE	QUENCE OF	7 Deal	o 4
REST deoi otten otten	Canditions, if any, gave rise to imm		CHIONIC	han xision	2 Tears
. + - 0 0	cause (a), stating	g the DUE TO, OR AS A CONSE	OUENCE OF		
201 W ned by please uriol, cr		(c)			
		IFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
OR reen	19a DATE OF OPERAT	ION 185 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
nas be	S DATE OF OPERAT	178 CONDITION FOR WI	ICH OFERATION WAS PERFORMED	IN CERT	TIFYING CAUSES OF DEATH?
TAL F	21g. ACCIDENT WAS UND	ERLYING [7] 216 TIME OF INJURY	121. HOW IN HID OCC	_ ~	YES NO
N OF VITA SICIAN: The physicial physicial physicial physicial physicial physicial physicial physician or 18 should hygistem 18 should physicial ph	OR CONTRIBUTING C		DAY YEAR	JRRED (ENTER NATURE OF INJURNAL ITEM 18	3, PART I OR PART 2)
ON OF VI	(IF EITHER, NOTIFY MEDICA		19		
ISION ((IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE IN NOTIFY	LAT HOME CIRET FACTORY OF	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG Office the street	WHILE NOT WE AT WO	RK L			
3 0 0 6		(this haspital) attended the deceased fro	70	1 , to Hag 8	, 19 that (I) (we) lost
E 0 F 0 D 0	sow the decease	d olive an	9 79 , and that in (alx) (our) apinio	in death occurred on the date and h	our and fram the causes stated
OR A borner	226 SIGNATURE	(D) 1. (X)	DEONE		221. DATE SIGNED
7 4 7 4 9 4	Jour	el /- hull	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/8/75
HOSPITAL ned by the FUNERAL side be detroped to the Stote ORTANT:	22d PHYSICIAN'S NA	ME (TYPE OR PRINT)	Me ADDRESS		Guing Milly
O HOSPITA to Funeral TO Funeral should be de with the Stot	Dave	6 J Mallex	M. 0 10215	S. OShald Rd	md
TO F shoul	23a. BURIAL, CREMATION,		31. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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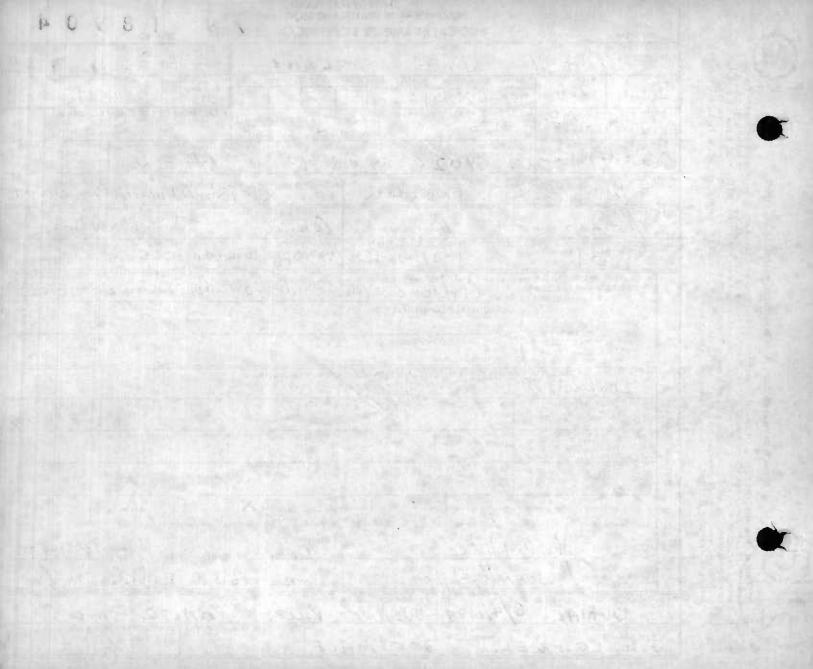
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The saw requires may not be about can have been signed by the attending if permy. Their places namone carbos rere prior to burial, cremation, or re does any injury, or other traumatic e	CERTIFICATION	Conditions, if any, which gave roe to immediate cause ial, stating the underlying cause last.	e wypay	NSEQUENCE OF TOUT & NOTICE OF SOLVENOUS AND DEATH BUT NOT RELATED TO THE TELL NOTICE OPERATION WAS PERFORMED	every bullo	GIVEN INTERPRETATION OF DEL
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BP	1	BURIAL, CREMATION, REMOVAL SPECIFY) SURIAL	236. DATE 8-24-1979	23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	MARYI AND 21
AH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR VANS FUNERAL		SOOHARFORD ROAD	ATE REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGNATION



1 4	1		STATE OF MARYLAND	
10	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	04
	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATHY REG. NO.	0 1
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A A T A G		AT WORK AT WORK		
JER: T CATE, FORV DR: P HE ST D, 213		22a. I certify that I took charge	of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion	20
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AR V BICE K		ACTUAL A	TITLE (SPECIFY)	1-1-76
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MA SECUTION OF SEC		EXAMINER'S NAME (TYPE OR PRINT)	OHN CITYLE ADDRESS 7527 Belown Bullispos	6 mel
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:	23a.B			
	(5	PECIFY) BURIAL	8/4/1979 DULANEY VALLEY CHYORTON BALTO, COUNTY	STATE
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DHMH - 17	24.1	NAME	ADDRESS	ATURE
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M	FOR 1 - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 9 REG. NO.	8 9 0 5
	1 DECEASED NAME FIRST (TYPE OR PRINT) A16er	t Fredrich	Miller	Aug.	13 1879 3 H
oge 4 ma irector, po	3. SEX Male	White	5 DATE OF BIRTH MONTH DAY YEAR June 13, 1906	6. AGE IN PARS LAST BIRTHDAY) 7 3 73 YR	
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by the ifiled with	Kingsville,	7 Silver Spru		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY Sheet Metal
in 24 hour y filled in should be er must be			own 13d INSIDE CITY LIMITS? ville YES \(\sigma \) NO XX	13e STREET ADDRESS 7 Silver Spru	ce Terrace
ompletel	14. FATHER'S NAME FIRST Albert Freder		15 MOTHER'S MAIDEN N. FIRST Elizabeth	Zuschlag	LAST
an and c	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) NO	ARMED FORCES? 16b SOCIAL SI GIVE WAR OR DATES) 212 056		er 11707 Silver	
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death ce attending ove carbo aver and stian, ar a	Conditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF		
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physicion. (Iter this certificate has been signed by the attending physician and completely filled in by as the burnol-transit permit. Then please remove carbonapapers. Pages I and 2 should be file than Mental Hygiene prior to buriol, cremation, ar removal. orked or Item 18 shows any injury, or other traumatic event, the medical examiner must be no	gove rise to immediate couse 10% stating the underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF		
equires the signed. Then pleat to burio			TO DEATH BUT NOT RELATED TO THE TERM	winal disease or condition (GIVEN IN PART 110
The low ricion. The hos been ten to so giene prior	190 DATE OF OPERATION 191 192 197 197 190 DATE OF OPERATION 191 197 197	9 GONDITION FOR WH	Slowly a		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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G PHYSI offending er this ce s the burn and Mer	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WORK AT WORK	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN or or or or use or use or use or use or use or of Health	sow the deceosed live	spital attended the deceased fro	76	, to	, 19 , that (we) loss hour and from the causes stated
the hosp the hosp the hosp to DIREC to Dept.	obove (I) (we) (Aid) did	not) view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITA reformed by TO FUNERA should be de with the Stotl IMPORTANT	22d. PHYSICIAN'S NAME ITYP	E OR PRINT) A. Takan	22e ADDRESS	Yingsi.ll	
F =	230. BURIAL, CREMATION, REMOV.		3c. NAME OF CEMETERY OR CREMATORY	23 LOCATION CITY OR TOWN	COUNTY STATE
BP DHMH - 16 50M 1/76	Purial 24 FUNERAL DIRECTOR	Aug 16,79		Baltimore, M	STRAFS SIGNATURE
(VR A 15 (4))		, Inc. 7110 Bel:	air Rd. 21206 Al	JG1 4 1979	May Mabredy

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(VRA 15 (4))

and that in (M) (our) opinion death occurred on the date and have and fram the causes stated 22c. DATE SIGNED 30, 1979 CITY OR TOWN COUNTY 256. REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAME

2b. HOUR

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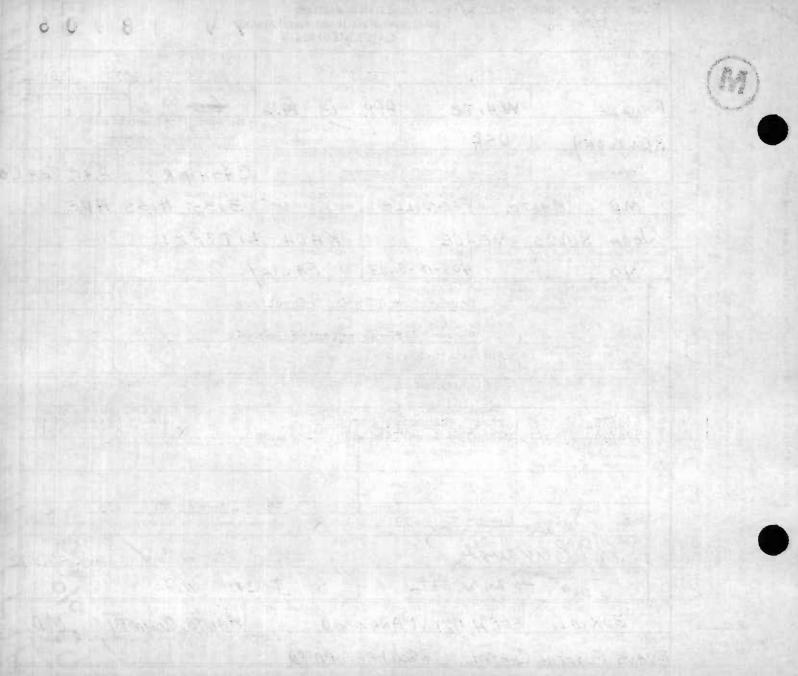
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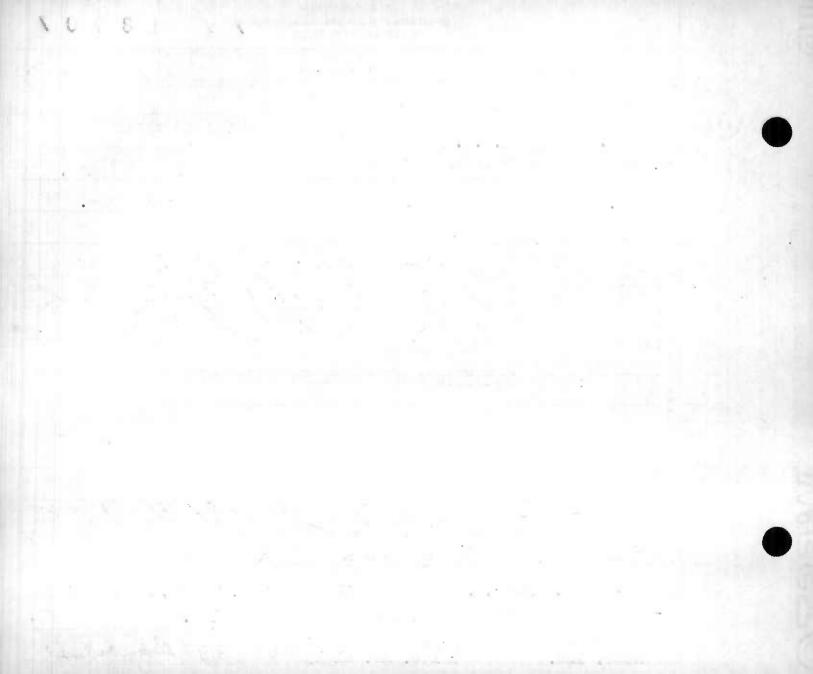
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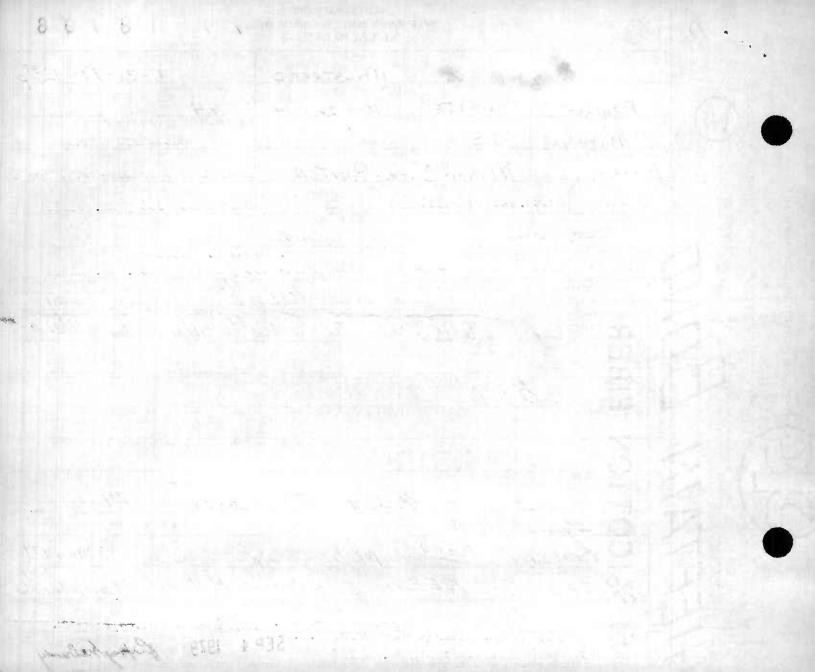
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				STATE OF MARYLAND				
	·	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		9	0 7
nay be page 3 rr death		CEASED NAME FIRST OR PRINT) MARGIE	MIDDLE G3	Mitchell	20 DATE OF DEATH	8 19	YEAR 29	26. HOUR
e 4 moy	3 SEX	Female	RACE White	June 1 DAY 1921	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UI	HS DAYS	IF UNDER 24 HRS HOURS MIN
E STATE		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY O		DEATH	
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he low roon has been to permit ene prior ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	G CAUSES	
SKCIAN: TI ng physici certificate urial-transil tental Hygi them 18 sh	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M	AY YEAR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART I	OR PART 2)	
PHYS tending this co he burn he burn he dar it	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION	CITY OR TOW	N C	COUNTY	STATE
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TTENDING pital or of TOR: After for use as th of Health a		sow the deceased alive on	8 19 19	ond that in (my) (our) opinion	death accurred on the do	ote and hour one	d from the c	ouses stated
AL C. ATENDING y the hospitol or off AL DRECTOR: After detoched for use os if detoched for use os of the Dept of Health J: if them 21 is marke		sow the deceased alive on obove all (see) (did not) v	Dals	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAF	:F _	121L DATE:	
MAL C By the RAL D Stote D INT: If I		sow the deceased alve on oboves it is the individual (aid not) v 226 SECRETURE 224 PHYSICIAN'S NAME (TYPE OR PR	Dog INI)	DEGREE ATTENDING	MEDICAL STAF	F IAN 🔲	8/	IGNED /
O HOSPITAL CONTROL OF FUNERAL D hould be detocted with the Stote D WPORTANT: If I	23a B	sow the deceased alive on obove all (see) (did not) v	1NT) LLY M. D. 236. DATE 236.	DEGREE ATTENDING PHYSICIAN PARTY ADDRESS	MEDICAL STAF	F IAN 🔲	and	IGNED /



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 2n. DATE OF DEATH 2h HOUR (TYPE OR PRINT) 30 GRAYCE EVELYN 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS WHITE 64 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore County WIDOWED DIVORCED 10 CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Towson Telephone Operator-Sinai Hospit are-W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary land Balto. City Baltimore 13e STREET ADDRESS YESXX 3303 Falls Cliff Rd. 21211 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Harry Darling LAST Bertha Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANMY. Louis A. Melstreed 166 SOCIAL SECURITY NO (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-14-9508 3303 Falls Cliff Road Balto. Md. 21211 none APPROXIMATE HITERVAL TABLI DAN TEMIC HEEWAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY dean IMMEDIATE CAUSE ò Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) AUD 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene NO YES [NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a. certify that (i) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (par) apinian death accurred on the date and have and from the causes stated abave, (1) twet (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING L MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFY) Woodlawn Lorraine Park Cem. 9/4/79 Burial MD. Funeral Directors, P.A. 25 P 4 1979 Byers 24 FUNERAL DIRECTOR LOTTING DHMH - 16 50M 1/76 Randallstown, Md. 21133 (VR A 15 (4)) 8728 Liberty Road



Walter Brooks Bradley Inc. Dundalk, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

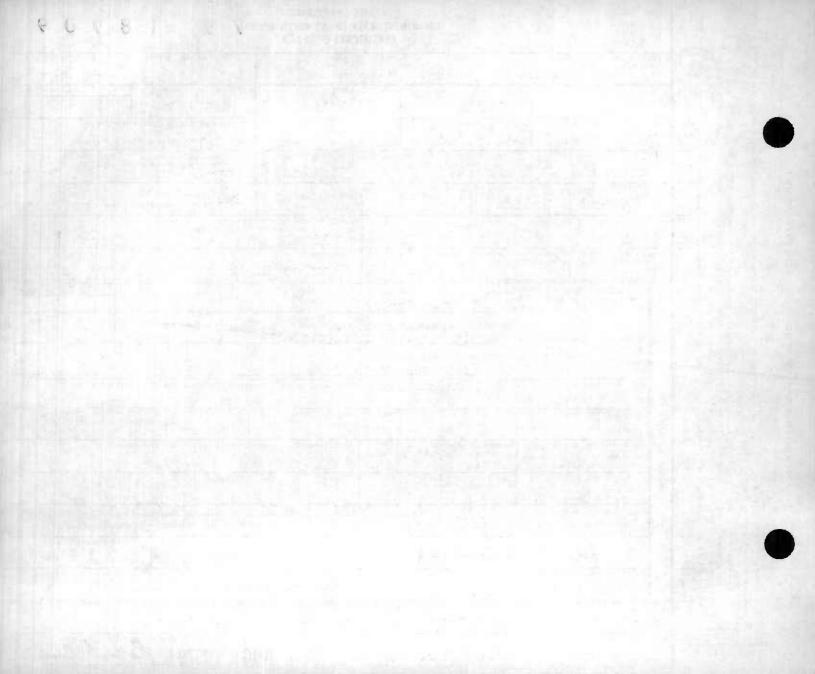
CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VR A 15 (4))



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	X WI	WORK D	NOT WHILE X		STREET, FACTORY	P.	Bi	g Gunpowd	er Fa	lis	E	laalt	imor	e Co.	., sma.
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		eath resulted i		orol cause		De l	uicide .	. Hamicide	7	etermined m			20111011		
	0.0	euni resoneu i	INGIC	, or coose	LO -	eraum Lai, d	overde [TITLE (SPECIFY		To mine of the		131			
		TUAL SNATURE	1/4014	14	2 Del	MAM	AA	Assist	nt	DICAL EX AA	MINER	DATE	E NED.	8/22	/79
			340						,,,,,,						
-	EXA (TY	MINER'S NA PE OR PRINT)	ME Vir	ginia	a L. Do	lan, M.D.		ADDRESS		111	Penn	Stre	et		LIGH.
23			N,REMOVAL	236. DAT	E	23c. NAME OF C	METERY O	R CREMATORY	23d. L	OCATION		со	UNTY	ST	TAYE
L	В	urial		Aug.	24, '79	Trinit	y Lu	th. Ch.	Jo	oppa		arfo			yland
		RAL DIRECTO			ADDRESS			250. DA	TE RECOU	GREGISTRA	AN ANDREG	SISTRARS	SIGNA	THRE OF	ready
	How	ard K	. McCo	omas	III A	Abingdon	, Ma	rylahd							

O I to the last A is in the contract of the co ottending physician and completely filled in by the nave corban papers. Pages 1 and 2 shauld be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

medical

injury, or other troumptic

IMPORTANT: If Item 21 is marked at Item 18 shows any

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	9	1
0	7	

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	0 7			
	CEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF DEATH	MONTH	DAY YE	AR	26 HOL	211
(1112	WIIIAn	1	mo.	RAV	NSKI, SR.	1	21	7	9	1	1/m
3. SE		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I	_	IF UNDER	
N	fale	White		MONTH 2	14 05	74	YRS	MONTHS	DAYS	HOUR5	MIN
	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PRIET	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEA	TH		
	laryland	USA		WIDOWE		BALTIMORE	COUNT	Y			MD.
10 C	TY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCCUPAT				BUSINE	
	TOWSON		H FACILITY, GIVE STREET A		CAL	Dispatch		-		per	
USU	AL RESIDENCE (IF NURSING HOME OR							100	Alber	DOL	52
	aryland Balt		Fullertown		YES NO IN	4205 Fit	ch Av	enue	0		
14. F.A	THER'S NAME				15. MOTHER'S MAIDEN NAM						
	John ,	WIDDIE	Morawsl	ci	Sophie	MIDDLE			Fi	ste	r
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR		17 INFORMANT	ADDR	ESS				_
(,	res, no or unknown) (IF yes, give	WAR OR DATES)	217-05-	-347	Florence 1	Lamlea 16	11 Fe	1 dbs	200	1- D	hea
_					1 TOLENOC 1	Dentite 10	. //			DINA TEOR	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	40	·Va	mula!	PANALN	1	- 100	MEETS OF	NISET AND	DEATH
	IMMEDIAT	E CAUSE (a)	ACI	ME	600	erior-c	-	-			
	410-	DUE TO, O	R AS A CONSEQUE	NO ZO	laket ni						
	Conditions, if any, which gave rise to immediate	(b)		Try	wenner	•					
	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCP OF				0 192			
		160									
z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PA	RT Ha	1	
CERTIFICATION		10 0010		0.050 4.740	- DEDECTION OF THE PROPERTY OF	Tan AllTORSV2	Tank IF VE	NAVEDE E	IN 150 (6.1	OC LICE	
FICA	19a DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES	YING CA		OF DEAT	TH?
RT					1	YES NO		5		NO []
	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1 21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, P	ART I OR PA	RT 2}		
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.	Μ,	19							
MEDICAL	21d. INJURY OCCURRED	218. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNT	Υ	51	TATE
<	AT WORK AT WORK							1			

226. SIGNAT

ATTENDING ALGICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

(aur) apinion death occurred on the date and hour and from the causes stated

, that (we) last

STATE

Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

22a. I certify that X (this hospital) attended

23b. DATE

231 NAME OF CEMETERY OR CREMATORY Gardens of Faith

DEGREE

23d. LOCATION CITY OR TOWN Overlea

Baltimore

BY REGISTRAR 250. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77

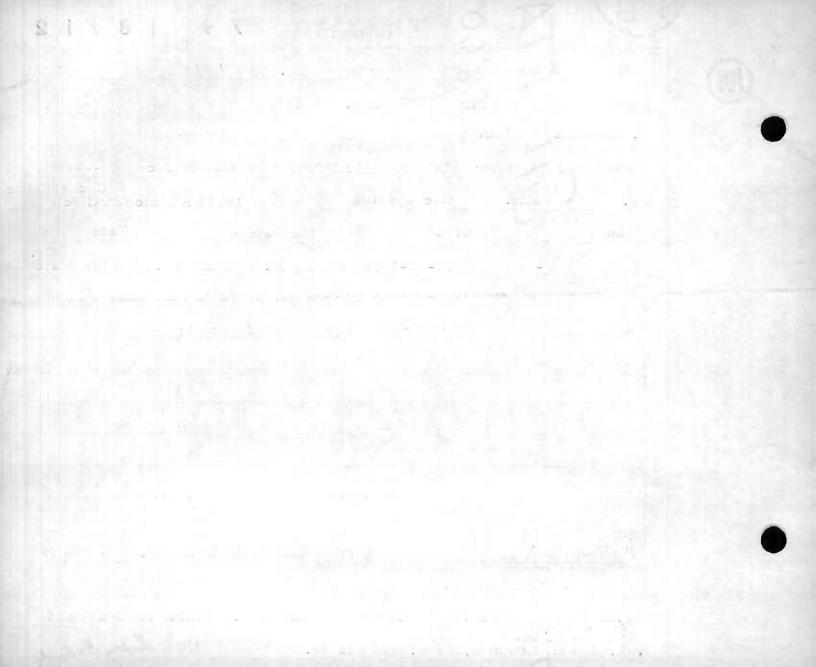
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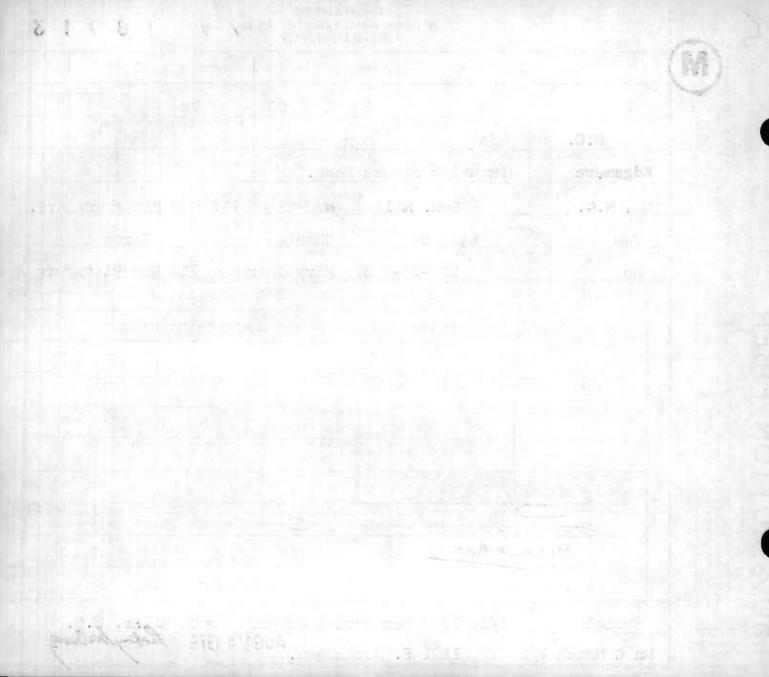
TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physicial

(VR A 15 (4))

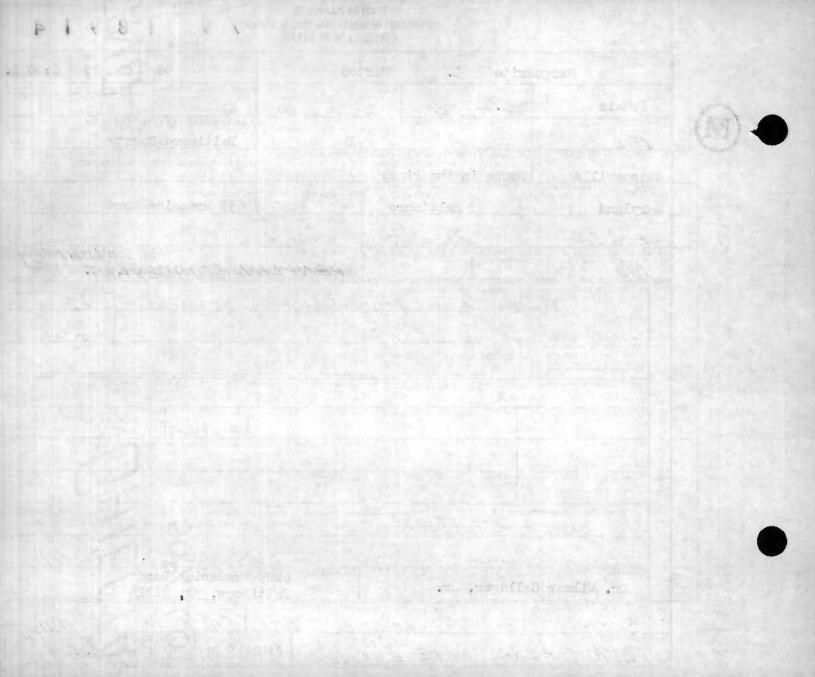
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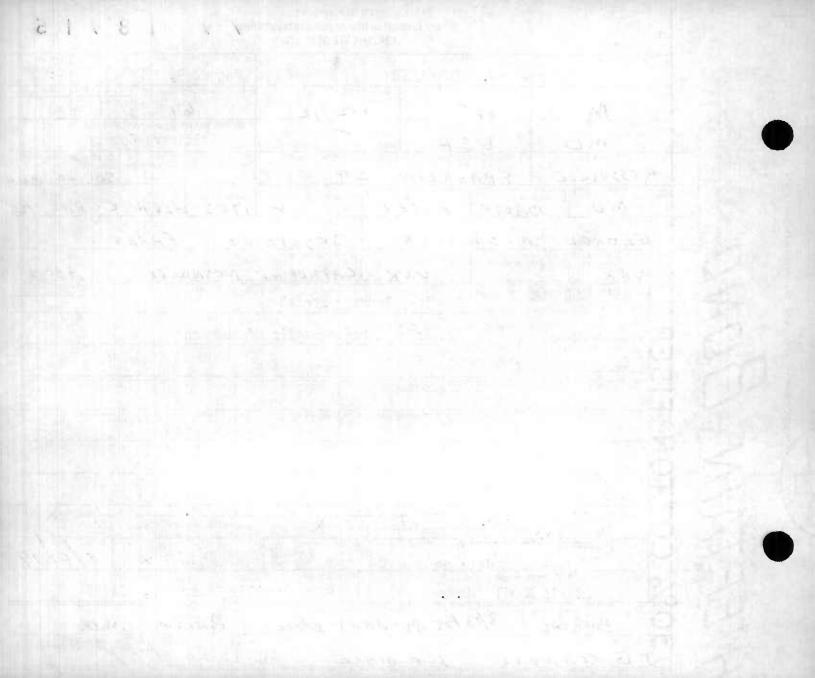
	1.	STATE REGISTRAR			DEPA		ICATE OF	DEATH	REG. N	8	9	2
6		CEASED NAME OR PRINT) GUY	Mora		WIDDLE	Morg	an	Sr.	8/20/79	MONTH DAY	YEAR	26 HOUR 9:34A M
)	3. SE		1	4 RACE White		5. DATE (5. DATE OF BIRTH MONTH Apr. 3 1912		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER LYEAR IF UNDER 24 MAS	
t once.	70 BI	RTHPLACE (STATE OR FOREIGN Carolina		76. CITIZEN OF WHAT COUNTRY?		RY? 8 MARRIE	MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore City or County of Death Baltimore County		MD	
Schiffed o	10 C	ty or town of d Towson		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Greater Baltimore					120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			OF BUSINESS OR
35	I	AL RESIDENCE (IF NO STATE Md.	136 COUNT Bal		1, GIVE RESIDENCE BI	eysvill	eyes 🗌	CITY LIMITS?	13e STREET ADDRESS 10314 A 1	Malcoli	Cock m Cir	ceysville cle
80.3/		John			organ	•		rs maiden na First Maybal	ene MIDDLE		ate LAS	it
medicol	(VAS DECEASED EVE (es, no or unknown) To	R IN U.S. ARA	MED FORCES? WAR OR DATES)		5-1096	Ger:		Morgan, S			
event, the		PART I. DEATH	ATH (Enter only WAS CAUSED IMMEDIATE	y one cause per BY: CAUSE (a)	Pulmon a	ary hemo	orrhage	e and pr	neumonia		BETWEEN O	ONSET AND DEATH
other froumatic		Canditions, if or		DUE TO, O	r as a conse Thrombo	OUENCE OF Ocytope	nia an	d Agranı	ulocytosis		3 weel	CS.
iol, crems or other t		gove rise to immediate cause to isstating the underlying cause lost. Due to, or as a consequence of carcinoma of colon, metastatic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
or to bury,	NOIT											
hows any iii	CERTIFICATION	6/28/	79		Ca of c				200 AUTOPSY? 200 IF YES, WERE FIND IN CERTIFYING CAUSE YES YES		NG CAUSES	NGS USED OF DEATH?
Mentol Hygiene or Item 18 shows	-	210 ACCIDENT WAS LE OR CONTRIBUTING (IF EITHER, NOTIFY MEE	CAUSE OF DEAT	7	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
rked or her	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCAT STREE	ION	CITY OR TOWN COUNTY		COUNTY	STATE
for use a of Health		220.1 certify that sow the dece	ased olive an	8/2	20/79	, iii	26/79 nd that in (m)	, 19 () (our) opinian	, ta8/20 death occurred an the d		ond fram the	that (1) (we) last causes stated
detoched ote Dept T. If Item		abave, (I) (we) (did) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT								FF CIAN 🖼	220. DATE	
should be deto with the Stote [IMPORTANT: If		Nathan M. Rosenbloom, M.D. 22e ADDRESS GBMC, 6701 N. Charles St. 21204										
5 3 <u>\$</u>	1	BURIAL, CREMATION	N, REMOVAL	23b. DATE 8/23/		36 NAME OF C Garden		aith Ce		nore, N		
M 1/75 4))	24. FI	I. E. Lo	well L	emmon	, 10 W	. Pado	nia Ro	1. 250. DAT	G2 4 1979		AR'S SIGNAT	



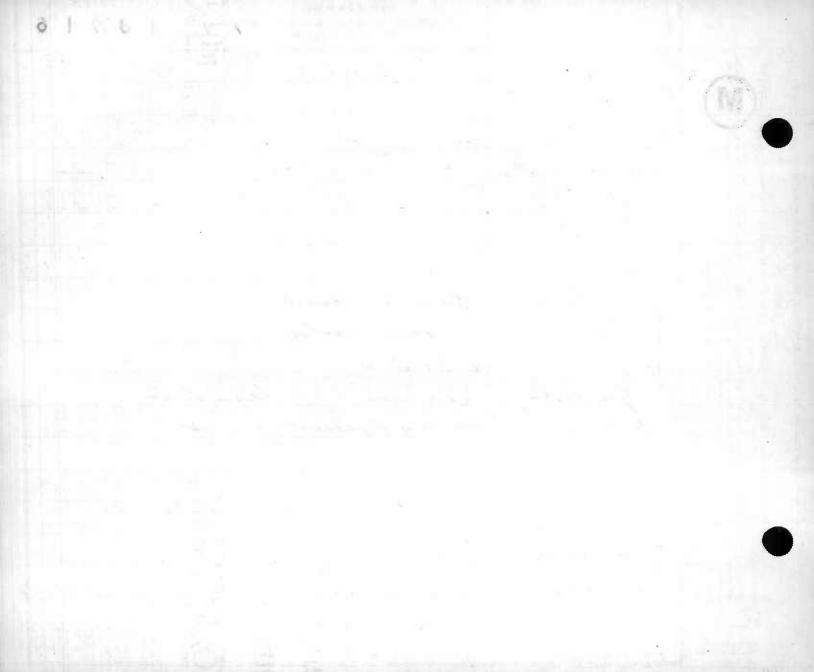


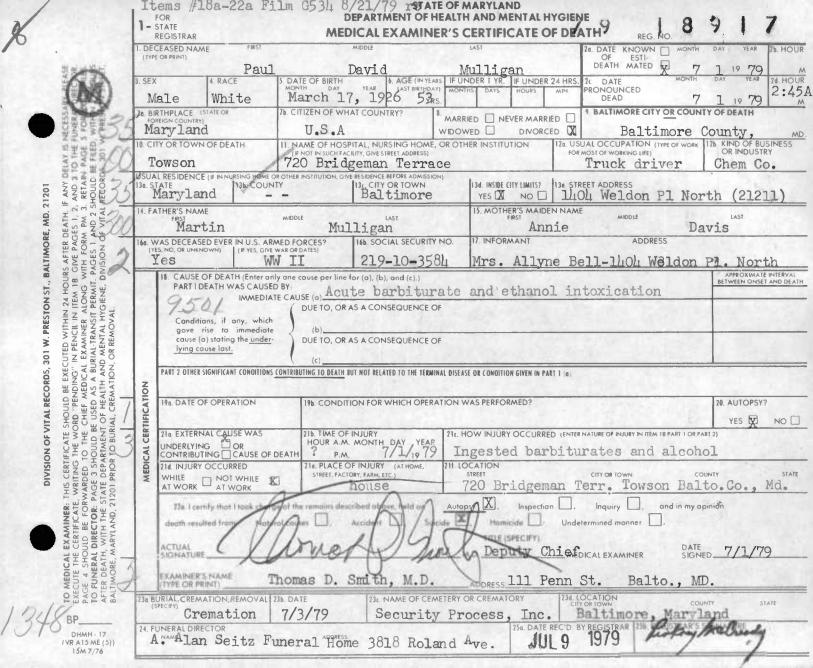
0	1	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH REG. NO.						
		ECEASED NAME FIRST	MIDDLE	LAS		26 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
dept	1,,,,	Margu	erite L.	Mort	on		08 01	79	6:00 A	
, e	3. SI	X	4 RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	HOURS MIN	
1		Female	WHITE	2	6 90	89	YRS.			
f fa	7a 8	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
X 3.	5	mo.	USA	WIDOWED	DIVORCED [Baltimor			MD	
lec	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OTHER INSTITUTION	12g USUAL OCCUPATI		126. KIND O INDUSTRY	OF BUSINESS OR	
1 J	0	atonsville	House in the H	Pines						
t pe	USU 13a	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
Ě		aryland	Baltin		YES NO	633 Braes	ide Roa	d		
nine		ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N	AME		LAS	,	
examin	0 0	EORGE	PILE	RT	MARY	<u></u>		1.00		
	16a	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	ss 16 Fu	swift	HTBY	
medical		NO	VE WAR OR DATES)		FRANKL	INSTUR	DEVA	NT.	27.207.	
‡		18 CAUSE OF DEATH (Enter o	only one cause per line for (o), (b),	ond (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH	
vent	- 33	PART I. DEATH WAS CAUS	ATE CAUSE (0) Chrosic	gir.	solver Hea	ent trelu	20	15	27.5	
a pice		4292	DUE TO, OR AS A CONSE	OUENCE OF						
roumo		Conditions, if any, which	(b) 9-0 (レン	-			15	30	
er tre		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF						
ar othe		underlying cause lost	(c)							
ry, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0)	
2 5	CERTIFICATION									
any	Z A	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, W			
shows	E					YES NOD	YES [NO 🗌	
00		210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI	TIOLIO A MA MACHITU	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2}		
Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19			- 111			
lo.	ED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
rkec	2	WHILE NOT WHILE AT WORK					ATE	h h		
s mo			pital) attended the deceased fro		10 1973	ta alley.	. 19	/	that (I) (we) lost	
21 i		saw the deceased alive a obove, (1) (Ne) (did) (did)	in Joseph 1	9.79, ah	d that in (my) (aur) apinio	in death accurred an the d	ate and haur a			
Hem	1	226. SIGNATURE		0	DEGREE	1 MEDICAL STA	cc	22c. DATE	SIGNED	
T: #		Theeman K. J	of beages Dr. 7	my	ATTENDING PHYSICIAN	MEDICAL STA		8-1	-19	
ZY-	4	224. PHYSICIAN'S NAME (TYPE			22e ADDRESS 620	9 Frederick	Road			
MPORTANT:	1	Dr. Wilmer	Gallager, Sr.	20 5 1		timore, Md.	21228			
IMPORTANT: IF	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	3t. NAME OF C	METERY OR CREMATOR			YTAUC	STATE	
		BURIAL	8-3-79	LOUDI	ON PAR	K. BALTO		1-6	mo	
/77	24.	FUNERAL DIRECTOR	ADDRESS	_ 5311		ATE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	TURE	
	4	IEBER FUN.	ERAL HOME	EDM	ONDSON. AL	JG 0 2 1979	profi	ay/he	cresoly	
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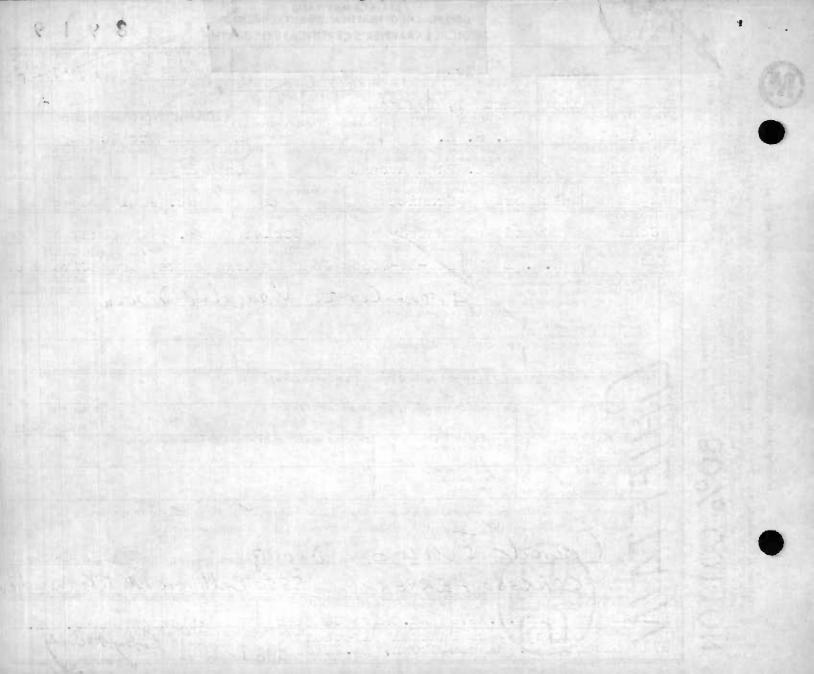
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST 2a DATE OF DEATH MONTH 26. HOUR! (TYPE OR PRINT) ora 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS UCA SIAL 00 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF BEATH MARRIED NEVER MARRIED Balto. 2.11 WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION No. USUAL OCCUPATION 12h, KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ousewi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 134 INSIDE CITY LIMITS? 13a. STREET ADDRESS NO I noc 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE rown 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 00 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF -- It ear Conditions, if any, which gove rise to immediate (a), stoting DUE TO: OR ASIA CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED ME DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM NO [YES T 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR DECONTRIBUTING CAUSE OF DEATH I FETHER, NOTEY MEDICAL EXAMINER; 211 LOCATION 714 INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHAT ARCHI TA AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave (fi (we) (did) (did no view the body fulter death. 77% SIGNATION DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME CTYPE OF PRINT 22e ADDRESS 94 23e BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/7B





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FOR



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OR	DEPARTMEN
TATE	DEI PRITITIEN

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENEY

18920

REGISTRAR			CERTIF	CATE OF DEATH	REG. N	0.		
1 DECEASED NAME (TYPE OR PRINT) Eldon	1 1 = .1	ifford	MYE	ERS	20 DATE OF DEATH	MONTH D	- 79	26 HOUR 4:17 a
3. SEX Male	3. SEX 4. RACE				6 AGE (IN YEARS LAST BIR	_	F UNDER 1 YEAR	IF UNDER 24 HR
76. BIRTHPLACE (STATE OR FOR COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8	St 17,1910 NEVER MARRIED DI NORCED I	9 BALTIMORE CITY C	OR COUNTY		
TOWSON	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A	IG HOME O	R OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		126 KIND C INDUSTRY Balto	OF BUSINESS
USUAL RESIDENCE (IF NURSIF	ng home or other institution 13b COUNTY Baltimore	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Phoeni	ADMISSION) N X	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS BOX 88	Rt 1		
John John	^{MIDDLE} Albert	LAST Mye	rs	Oliva	AMÉ MIPDLE M.	×	Thố	Šms
160 WAS DECEASED EVER II (YES, NO ORTHKNOWN)	U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	220-03-2		Albert A.	Myers, Same		L3e	
	IFICANT CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	20b. IF YES,	, WERE FINDIN	NGS USED
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION 21d. INJURY OCCURRE	AUSE OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUP	YES NO	YES		NO [
21d. INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE CAT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	- 10	COUNTY	STATE
220 I certify that (I) (sow the decease obove, (I) (we) (d) 22b. SIGNATURE 22d. PHYS/CIAN'S NAI	this hospital) attended the dive on divided the body	ofter death.	on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	FF	22c. DATE	SIGNED
230 BURIAL CREMATION R		23c. N		EMETERY OR CREMATORY	ROAD TOW			
(SPECIFY) Burial	8-22-	79 Du	laney	Valley Memo	rial Cocke	eysvil.	ie, Bal	Lto. Mc

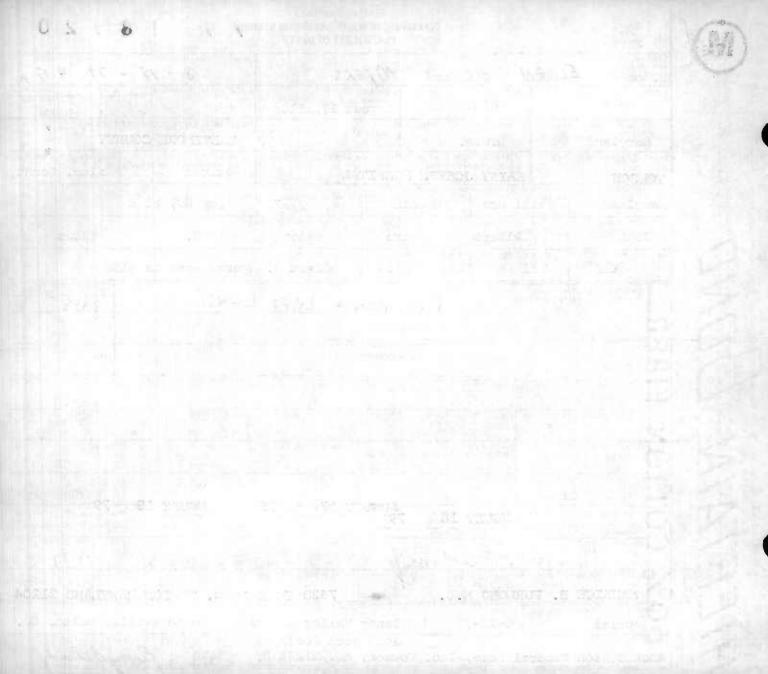
BP______ DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbonpaper with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

24 FUNERAL DIRECTOR
NAME
RUCK Towson Funeral Home, Inc. Towson, Md. 21204116 22

RAR 236. REGISTRAR'S SIGNATURE

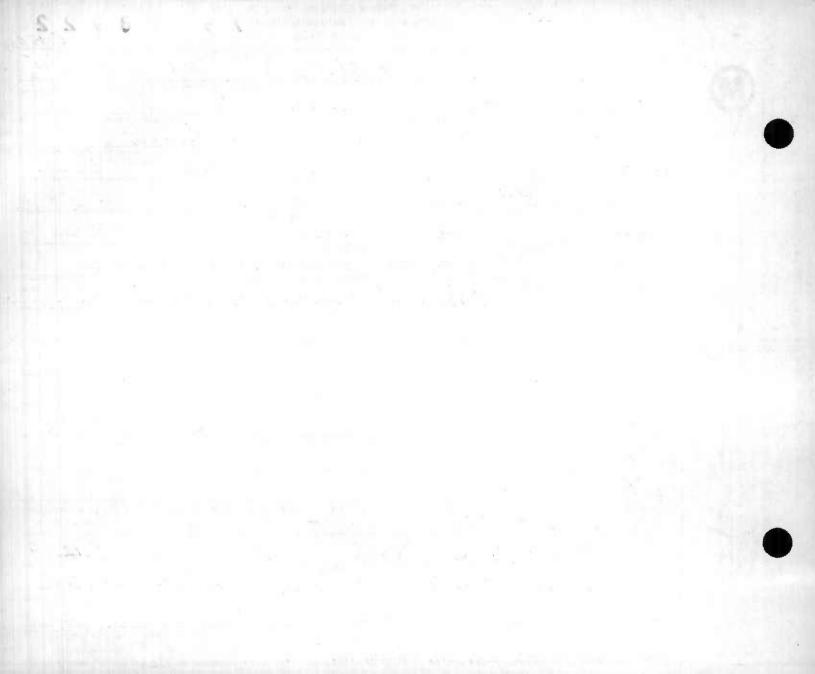


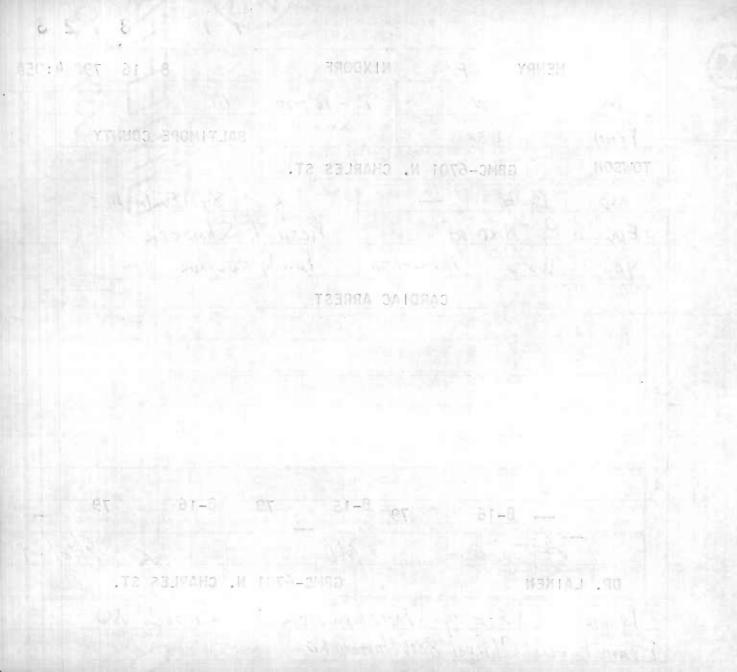
					STATE OF	MARYLA	ND					
1	- CTATE	ns 18h.					ENTAL HYGIE	NE 9	18	9	2	1
		Film#G53	4 8-30-MEI		AMINER'S		CATE OF DE		9. NO.		4	
	DECEASED NAM	NE FIRST		MIDDLE		LAST		20 DATE KNOWN		H DAY	YEAR	26 HOU
		Para				kietyn		DEATH MATED	•	15	1979	
5	EX	4. RACE	S DATE OF BIRTH	YEAR L	AGE (IN YEARS IF	UNDER I YR.	IF UNDER 24 HR	S. 2c. DATE PRONOUNCED	MONTH	DAY	YEAR	7:07
	Female	White	Oct. 1,1		88 YRS.		THE SAME	DEAD	8	15	1979	AA
a.	BIRTHPLACE (STATE OR	76 CITIZEN OF WH	AT COUNTRY	? 8. MA	RRIED NE	EVER MARRIED	9 BALTIMORE CI	TY OR COU	NTY OF	DEATH	
	Russia		U.S.	.A.	WIDO	WED X	DIVORCED [imore (M
	CITY OR TOWN	OF DEATH	11 NAME OF HOS			THER INSTITU	JTION 12a. L	JSUAL OCCUPATION OR MOST OF WORKING LIFE	(TYPE OF WORK	(12b K	OR INDUST	JSINESS
(Catonsv	ille			ng Road			Weaver		1		lothes
	UAL RESIDENCI STATE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFO		I 13d INSIDE	CITY LIMITS? 13e S	TREET ADDRESS				
	aryland		rford	Aberd		YES 🗆	NO 🖾	48 Mount R	oyal A	venu	ie 2]	1001
4.	FATHER'S NAM		MIDDLE	LAST		15 MOTH	ER'S MAIDEN NA		1		LAST	
	7		?	Frys	3		?	?	45	?	CAST	
50	WAS DECEAS	ED EVER IN U.S. AI	RMED FORCES?		SECURITY NO.	17. INFOR	MANT	ADDI	RESS	111-1		7/87-
	(1ES, NO, OR ONKIN	(IF TES, GIV	E WAR OR DATES!	143-05	-9077	Mrs.	Earl John	son 1518 N	. Roll:	ine	Rd.	27 228
=	18. CAUSE	OF DEATH (Enter o	nly one cause per line	for (o), (b), on	d (c).)						APPROXIMAT	TE INTERVAL
	PARTIC	EATH WAS CAUSI	en by	Hemopty						BE	I WEEN ONSE	T AND DEAT
	1111	9 IMMEDIA		AS A CONSEC	QUENCE OF							
		ans, if any, which		Lung-Tu	mor- Pi	Imona	ry Tuber	culosis				
	couse (d	rise to immediat b) stating the <u>under</u>	e / (0/	AS A CONSEC		201.01.					1	
	lying co	use last.	(6)									
	PART 2 OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH I	BUT NOT RELATED T	TO THE TERMINAL OIS	ASE OR CONDITIO	ON GIVEN IN PART 1 g.					
Z												
ATH	19a. DATE O	FOPERATION	19b. CONDIT	ION FOR WHI	ICH OPERATION	WAS PERFO	RMED?		7 16	20.	AUTOPSY	13
Dial											YES 🔀	NO 🗆
CEPTIESCATION	21a EXTERN	AL CAUSE WAS	21b. TIME OF		216	HOW INJURY	Y OCCURRED (ENT	ER NATURE OF INJURY IN ITE	M 18 PART 1 OR	PART 2)	QEN	
		G OR		. MONTH DA	Y YEAR							
MEDICAL	21d. INJURY		21e. PLACE C	OF INJURY (A		LOCATION				14.7		
144	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	100	STREET		CITY OR TOWN	c	COUNTY		STATE
				1000								
			ge of the remains des		held an Au	opsy X	Inspection L	, Inquiry L.,	and in my	apinian		
	deoth resu	ted from: Nati	ural causes 🔀	Accident	J, Suicide l			determined manner				
	ACTUAL	11	y Dog				SPECIFY)		DATI	F	0/1	5/79
	SIGNATURE	Linging	2 Library	an my)	M.D. ASS	istant_M	EDICAL EXAMINER	SIGN	NED	0/1	3/19
-	EXAMINER'S	NAME TTE	eninia T	Dolan	M D			111 Pe	nn Str	oot		
	(TYPE OR PR		ginia L.			ADDRESS_	CODY Intal					
236	(SPECIFY)	ATION, REMOVAL			AE OF CEMETER			Clifton	terson			STATE
24	FUNERAL DIRE	rial	8/18/1979	-	dar Lawr		250. DATE RELID.	M REGISTRAD 25h.	REGISTRARIE	146A	W Jers	sey
-	NAME		ADDRESS	Balt	o. Md.	21229	7.00	×1.012	Jan Jan	700	Cha	rolly .
4 .	omin in	71 Sonrenh	bibl Dalta	NT_ + 7 7	The lane		1			1		

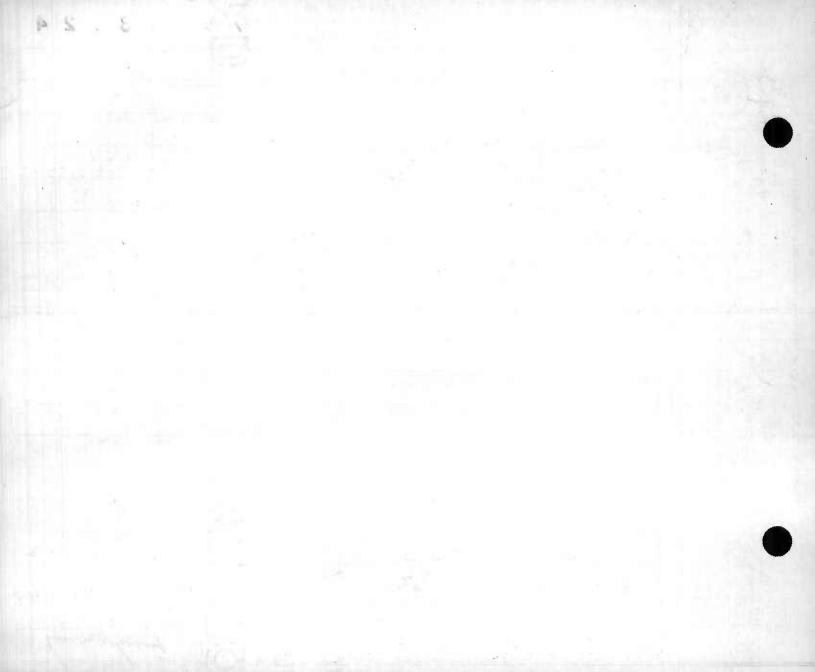
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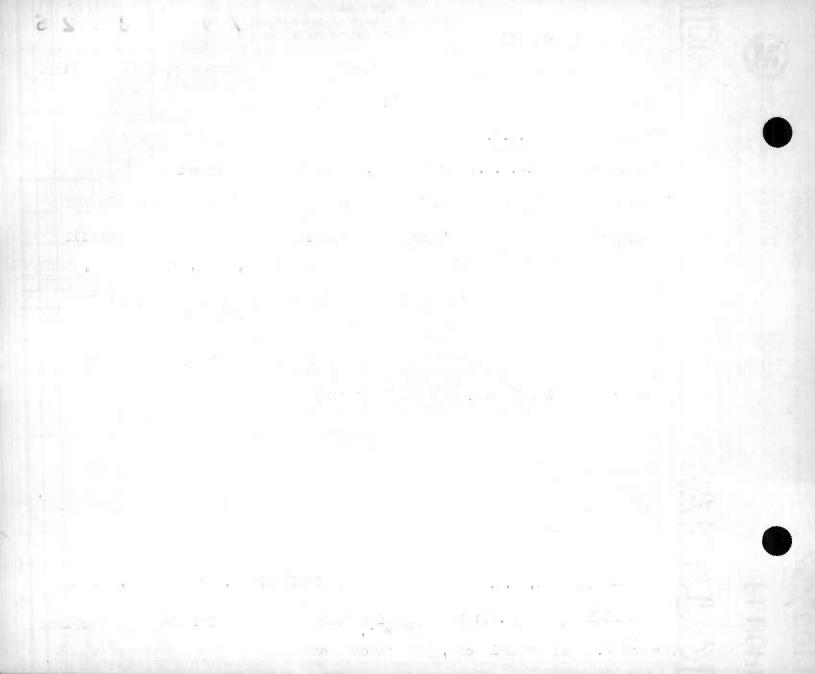
Ruck Towson Funeral Home, Inc. Towson, Md.

(VRA 15, 4) 7/7B









20 DATE KNOWN (TYPE OR PRINT) OF ESTI-SARAH OFFUTT Ε. 3. SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS S. DATE OF BIRTH 24. DATE LAST BIRTHDAY) PRONOUNCED DEAD White Female. Mar. 7, 1900 79 YRS To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED & DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Baltimore Medical Cemter Homemaker Towson RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS YES [46 Cedar Knoll Road Baltimore Cockeysville NO T Maryland OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, MIDDLE LAST MIDDLE Noah Edward Offutt Cockey Comfort N.W. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISIO Mr. James Offutt same as # 13 218-50-6607 18. CAUSE OF DEATH (Enter only one cause per line for in) by and in 00 SIT PERMIT HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? OF BURIAL, DEPARTMENT (PRIOR TO BURIL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH RWARDED: PAGE 3 SH STATE DEPA 21d INJURY OCCURRED 21e. PLACE OF INJURY II. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK DIRECTOR:

, WITH THE SAARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner ITLE SPECIFY TO FUNERAL D AFTER DEATH, BALTMORE, MA EXAMINER'S NAME Charles F. O'Donnell (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP 8/4/79 Druid Ridge Cemetery Baltimore Maryland Buria]

Ruck Towson Funeral Home, Inc. 1050 York Road

- STATE

REGISTRAR

. DECEASED NAME

24. FUNERAL DIRECTOR

DHMH-17 (VR A15 ME (5)

15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO

26. HOUR

2d. HOUR

19

17b. KIND OF BUSINESS

OR INDUSTRY

LAST

20 AUTOPSY?

YES

COUNTY

NO X

STATE

APPROXIMATE INTERVAL

ETWEEN ONSET AND DEATH

THE AREA OF THE DESIGNATION OF THE PARTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		- N
		CEASED NAME FIRST Charl	es J. (Osborn	AST	August 11,		2ь HOUR 6:35Р _м
	3. SE	Male	White	5. DATE C	ber [°] Ž7, Ĭ907	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
of ance.		IRTHPLACE ISTATE OR FOREIGN OUNTRY MATYLAND	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	Baltimore Cot	JNTY OF DEATH	MD
57	I	Rossville	11. NAME OF HOSPITAL,	NURSING HOME CONTROL STREET ADDRESS!	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK BOLLET UPERA	12b. KIND C	OF BUSINESS OR
must be	130	AL RESIDENCE (IF NURSING HOME C STATE 136 COU Maryland Ba	Trother institution, give reside		136 INSIDE CITY LIMITS? YES NO	13. 550 Welbrook	Road	
Somine	14 F	ATHER'S NAME FIRST	MIDDLE Osbo	öffn	Minnie	o MIDDEE	Horn LAS	Τέ
/ medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	E MAN OR OF THEE	-09-9382	Mrs. Evelyn	ADDRESS M. Osborn 560) Welbrook	k Road
y injury, or other troumon	TION			INSEQUENCE OF		inal disease or condition		
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. I	F YES, WERE FINDIN ERTIFYING CAUSES YES	NGS USED OF DEATH?
or Hem 18 s	MEDICAL CE	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED		19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEA	M 18, PART 1 OR PART 2]	
is marked a	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
MPORTANT: If Ifem 21 is mo		276 PHYSICIAN'S NAME (THE		h. 19 <u>79</u> , or	d that in (aur) apinion of DEGREE ATTENDING PHYSICIAN [d hour and from the	179
MP	23a. I	BURIAL, CREMATION, REMOVA	236. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
-		Durlal	8-15-1979	Park	vood	Baltimore	M	aryland

DHMH-16 50M 1/76 (VR A 15 (4))

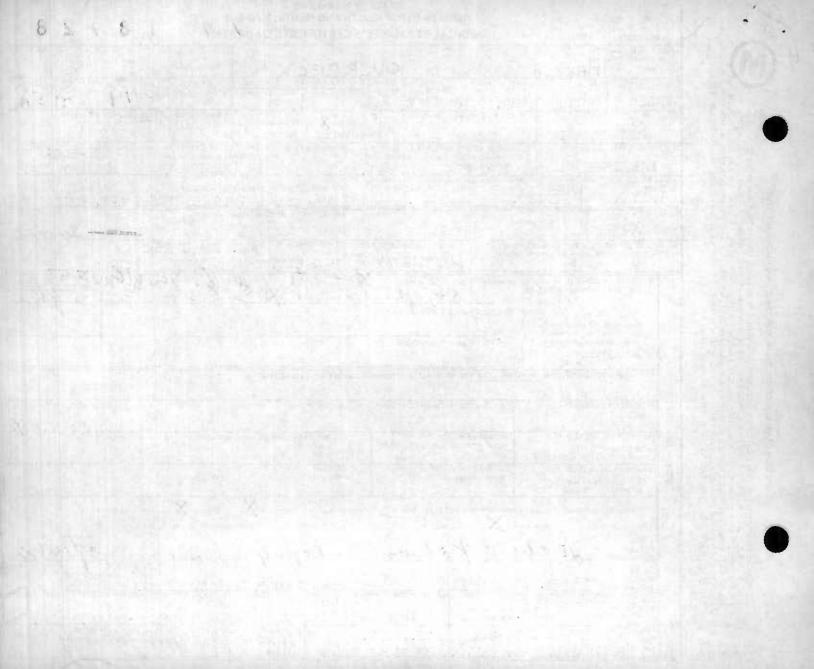
24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Rd. Balto: Md.

AUG 1 1979

Maryland PAR'S SIGNATURE

AND STREET AND DESCRIPTION OF PROPERTY AND ADDRESS OF THE PARTY.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED MARCH DATE OF BIRTH DATE PRONOUNCED MALE AM WHITE MAR.19,1914 65 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY FOREIGN COUNTRY PENNSYLVANIA DIVORCED USA 120. USUAL OCCUPATION (TYPE OF WORK NO EMEQUIES ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION BALTIMORE PRESIDENT 7902 WINTERSET AVE HOSTERY CORP. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3c. CITY OR TOWN BALTO. BALTO. NOXX 7902 WINTERSET AVE. #21208 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME SAMUEL **OVER BECK** UNKNOWN SNITZ RACHAEL 146 SOCIAL SECURITY NO 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. IDA OVERBECK 7902 WINTERSET 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES 21a EXTERNAL CAUSE WAS 2 Th. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an and in my apinian Natural causes Undetermined manner EXAMINER'S NAME DR. LESTER KOLMAN ADDRESS 6821 REISTERSTOWN RD TYPE OR PRINT) PAGI TO F 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFYBURIAL AUG. 15, 1979 BETH EL MEMORIAL PARK RANDALLSTOWN BP 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. **DHMH - 17** (VR A15 ME (5)) 6010 REISTERSTOWN RD. BALTO., MD 21215 15M 7/76



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

126 KIND OF BUSINESS OR

Lumber

REGISTRAR			CERTIFICATE OF	DEATH	REG. NO.				
1. DECEASED NAME TYPE OR PRINT}	Norman	Tritle	Owens		20 DATE OF DEATH MO	22 22	YEAR	26. HOU	JR
3 SEX Male	1	4 RACE White	5 DATE OF BIRTH	1903	6 AGE IN YEARS LAST BIRTHD.	IF UNDER	-	IF UNDER	MIN
70. BIRTHPLACE (STATE COUNTRY)	1	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVE	R MARRIED	Baltimore CITY OR	unty			~

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore Old Fredrick USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION

136 GOUNTY Baltimore

MIDDLE

3c CITY OR TOWN

LAST

Owens

OR AD A CONSEQUENCE OF

MONTH

166 SOCIAL SECURITY NO

13d INSIDE CITY LIMITS? YES T NOR 15. MOTHER'S MAIDEN NAME

17 INFORMANT

aroaret

5405 Old Fredrick Road MIDDLE

12a USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE) mploued

Maisel

IN CERTIFYING CAUSES OF DEATH?

COUNTY

INDUSTRY

(YES, MO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 10 18 CAUSE OF DEATH (Enter only one cause per Mile for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

couse 101, stofing the underlying couse lost.

19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

Conditions, if ony, which gove rise to immediate

In WAS DECEASED EVER IN U.S. ARMED FORCES?

130 STATE

CERTIFICATION

MEDICAL

ō

ğ

4 FATHER'S NAME

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED

Old Fredrick Road

NO YES 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

P.M 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

DAY YEAR

211 LOCATION

MWZ- 19

CITY OR TOWN

STATE

NO [

NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

obove, (I and the old not) view the body ofter death

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

emetern

22t. DATE SIGNED

George Angov 230 BURIAL CREMATION, REMOVAL (SPECIFY)

22b. SIGNATULE

236 DATE

M.D.

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

athedral

DEGREE

3350 Wilkens Avenue, Baltimore, Maryland 23d. LOCATION

and that in (my) (our) aginion death occurred on the date and hour and from the causes stated

STATE

DHMH - 16 50M 1/76

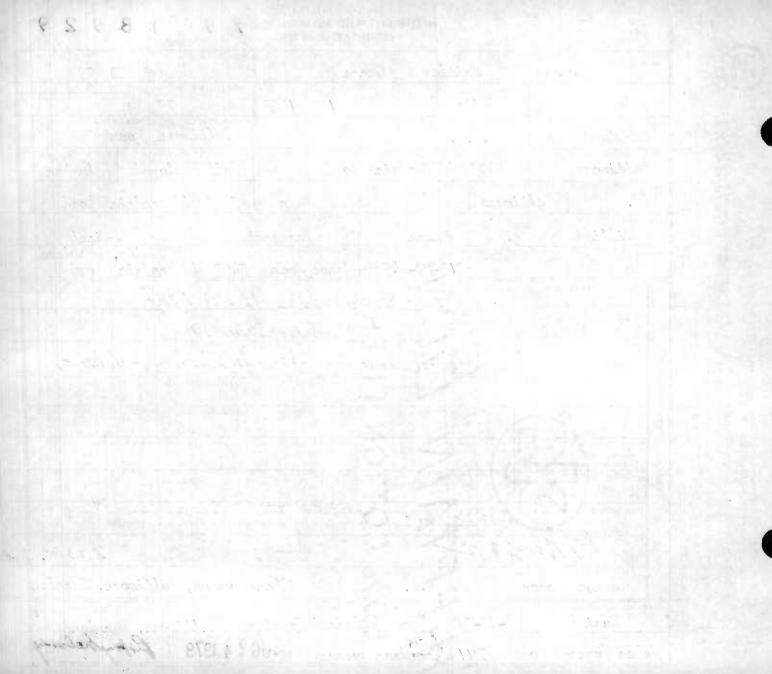
24 FUNERAL DIRECTOR eber Juneral Home

Burial

*dmondson Avenue

250 DATE REC'D. BY REGISTRAR 256. REC

(VR A 15 (4))



	S	TA	TE	0	F	M	ARYL	AND
DTMENT	г	OF	ME	A	ľ	ти	AND	MENT

	CERTIFICATE OF DEATH	REG. NO.		
WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
CE Newton	PAGE	8-	2-79	9:00 p
ACE . P. I	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
White	MONTH DAY YEAR 1902	76 YRS	MONTHS DAYS	HOURS MIN.
ITIZEN OF WHAT COUNTRY?	8	9 BALTÍMORE CITY OR COUN	TY OF DEATH	
WSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	ounty,	ME
NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND O	F BUSINESS OR

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Towson Manor Care-Ruxton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

Mesh

RENCE

13c CITY OR TOWN 21030 13d INSIDE CITY LIMITS? Baltimore

76 CITIZEN OF WH

15 MOTHER'S MAIDEN NAME

Page Ida 17 INFORMANT 0-761

FIRST

Wolf ADDRESS

24 Hickory Meadow Road

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Road Foreman

* MIDDLE

13e STREET ADDRESS

C. Robert Page 212 Brightdale Rd

INDUSTRY

Railroad

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

190 DATE OF OPERATION ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

Charles

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c HOW INJURY OCCURRED

NOF

IN CERTIFYING CAUSES OF DEATH? YES [(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED

COUNTY

NO [

21d. INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK

- STATE REGISTRAR . DECEASED NAME

> 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

STATE

that (1) (we) lost

22b. SIGNATUR

sow the deceased alive on

ATTENDING

22e. ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Park

22c. DATE SIGNED STAFF

23c. NAME OF CEMETERY OR CREMATORY

Westview Mem.

DEGREE

23d. LOCATION

STATE

Cremation

0 %

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

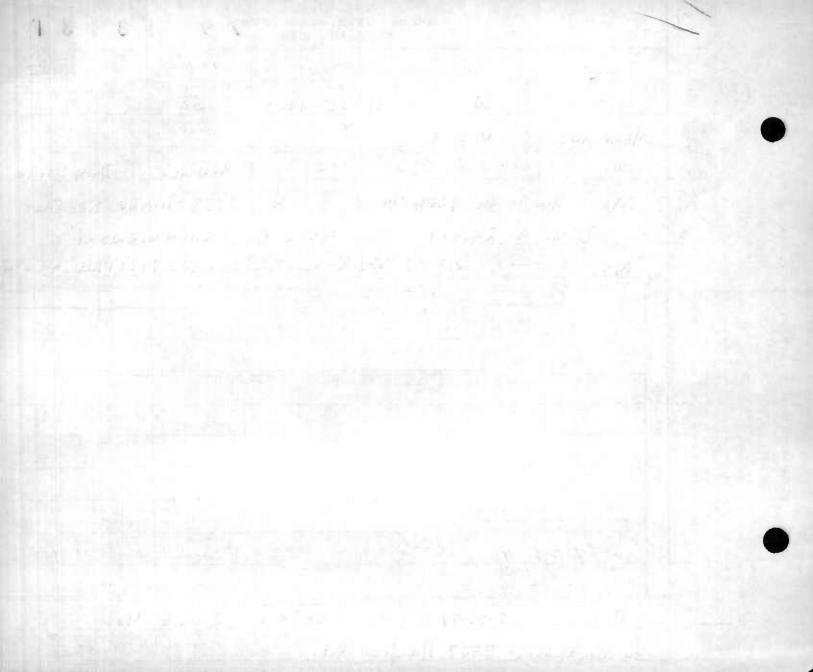
William E. Johnson 8521 Loch Raven Blvd

Baltimore

.50 alabin but 325 anel duodon in Y13Y-U1-139 ----

DHMH - 16 60M 1/75 (VR A 15 (4))

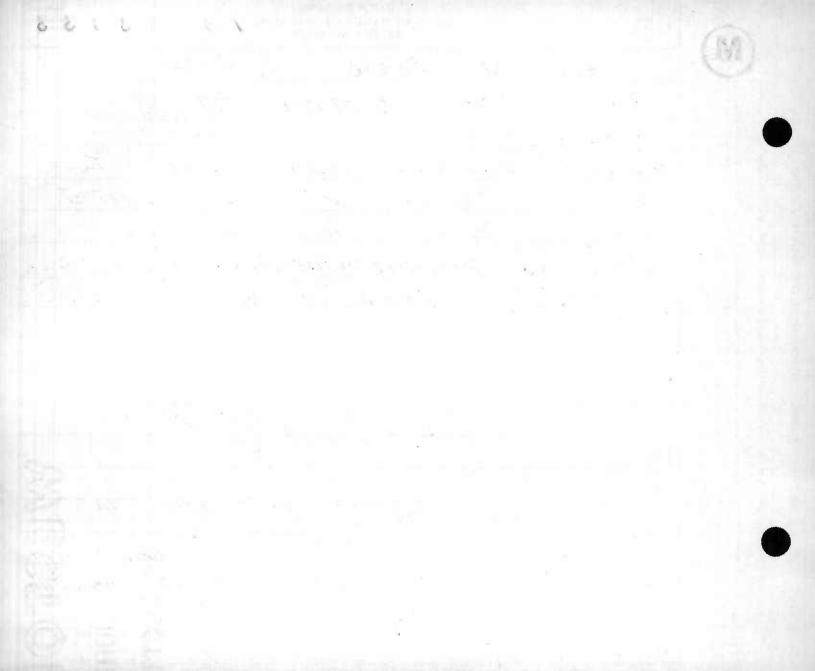
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINTI 8/27/79 Helen Rose Peddicord B:00P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE! INDUSTRY ANAGER DRUG 13e STREET ADDRESS RUCHNIEWSK 7582 Norman T. Beldicord -7978 Phune Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Rectal Carcinoma with liver metases 1 month PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE __ and that in (my) (our) opinion death accurred on the date and haur and from the couses stated 22c. DATE SIGNED MEDICAL STAFF 8/27/79 DIRECTOR PHYSICIAN X GBMC, 6701 N. Charles Street 21204 (SPECIFY) BURIAL STATE GARDENS OF FAITH ALTO: 250. DATE REC'D. BY REGISTRAR 251 24 FUNERAL DIRECTOR

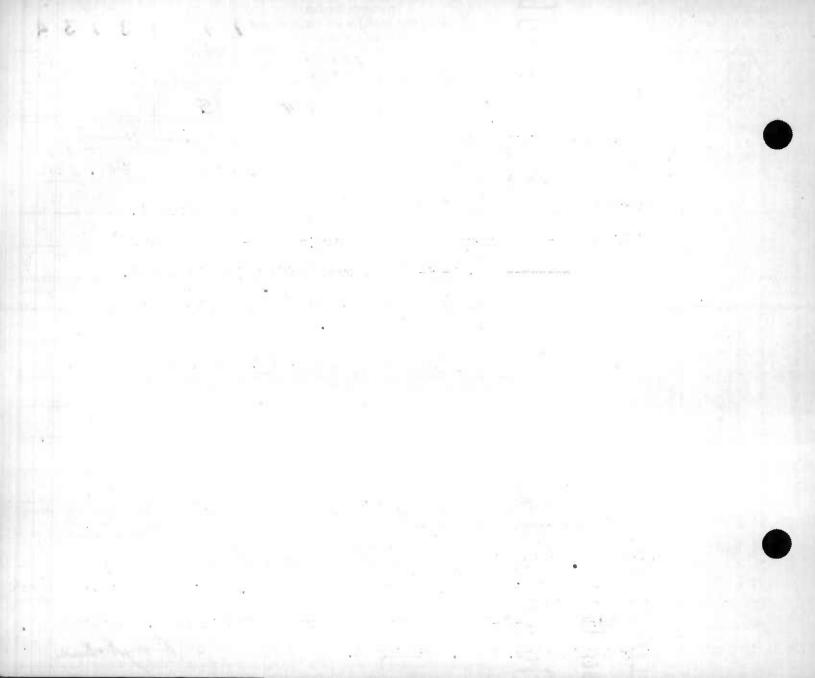


(BA)	1.	FOR STATE REGISTRAR		DEP		ICATE OF DEATH	GIENTY G	8 1	9 3	3 2
(MAR)		CEASED NAME F	IRST	WIDDLE		AST	20 DATE OF DEATH		YEAR	26 HOUR
-			LMA	HALE	PE	ELER		08 15	79	9:30Pm
	3 SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST E		UNDER 1 YEAR	IF UNDER 24 HRS
,		Female		ucasian		22 '31 EAR	48	YRS	5.05.4711	
35 4	70. B	RTHPLACE (STATE OR FOREK OUNTRY) Ontucky		OF WHAT COUN	MARRIE	D NEVER MARRIED	TOLIC			
8		TOWSON PEATH			JRSING HOME (DIVORCED TO	12a. USUAL OCCUPA	4343 244	LTIMO	RE MD.
\$		ALTIMORE	670	SUCH FACILITY, GIVE	IARLES	STREET	Hair Dre		Beau	tician
Pe	USU.	AL RESIDENCE (IF NURSING	L. Comment		BEFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		1	The state of
1 J	M	aryland H	arford		gdon	YES NO X	623 Long	Bar H	arbor	Road
20	2	ohn Cliffc	ord Ha	les LAST		15. MOTHER'S MAIDEN N FIRST Tilley	WIDOLE	S	tewar	t
medicol	16a V		U.S. ARMED FORCE YES, GIVE WAR OR DATES		SECURITY NO.	17 INFORMANT	1077	Apple	Val1	ey Ct.
e a		NO	NONE	408-4	0-1811	Grady L Pe	eler Virg	inia B	each.	-Va,
Int, m		18 CAUSE OF DEATH IS PART I. DEATH WAS	inter only one couse CAUSED BY:	per line for (0) (b	ond ic	CA. BREAS			BETWEEN	ARS
ic eve		17110 IM	MEDIATE CAUSE (o			CA. DREAS			1 1 5	ANS
on, o		Conditions, if ony, w		O, OR AS A CONS	EQUENCE OF					
er fro		gove rise to immed	iote	O, OR AS A CONS	FOLIENCE OF					
ol, cre			lost (ic)	, 01 43 4 60113	EGOEINCE OI					
ory, o	z	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	N IN PART 10)
o v	CERTIFICATION	19g DATE OF OPERATIO	N 19b CO	NDITION FOR W	HICH OPERATIO	N WAS PERFORMED	Z00 AUTOPSY?		WERE FINDIN	
1	IFIC						YES NO	IN CERTIFY!	NG CAUSES	OF DEATH?
18 sho	E E	21a. ACCIDENT WAS UNDERL		E OF INJURY	D. W. VEAR	21c. HOW INJURY OCCU			T 1 OR PART 2)	
em 9	N N	OR CONTRIBUTING CAUS	SE OF DEATH	A.M. MONTH P.M.	DAY TEAR					
5	MEDICAL	21d INJURY OCCURRED	(AT HOM	CE OF INJURY	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
orked	2	WHILE AT WORK				1			70	
is a		22a.1 certify that (I) (th	is hospital) attended	the deceased for	70	3/01 19/9		15		that (1) (we) lost
m 21		sow the deceosed o obove, (1) (we) (did)				nd that in (my) (our) opinion DEGREE	a death occurred on the	agte and hour o	22c. DATE	
If Ite		Kolut	1 Sem	In a		ATTENDING		AFF		15/79
AN TO	-	27d, PHYSICIAN'S NAME	(YPE OR PRINT)			PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	ICIAN	1 007	13/13
IMPORTANI			ERT J. D	AVIS		GREATER B	ALTIMORE	MEDICA	L CEN	ITER
WPO H	23a B	SURIAL CREMATION REA	MOVAL 236 DATE			EMETERY OR CREMATORY	T234 LOCATION	-	OUNTY	STATE
_		Cremation	Aug	17,'79	Westvi	ew Mem. Pk		more		ryland
A 1/75	24 FI	UNERAL DIRECTOR	(a Cl a w	ADDRE	is .	Maryland	TE REC'D. BY REGISTRA	R 25b. RECOUNTR	AR'S SIGNAT	The red of
))	H	oward K. M	iccomas	TII Abi	ngaon,	Maryland	110 20 1979		/	li

Majage ... N. Addition THE PROPERTY OF THE SECOND PROPERTY OF THE SECOND 1 PANASEA . NO 10 PER PANASEA Damies Jacker is see the conservation of the Ministration . The

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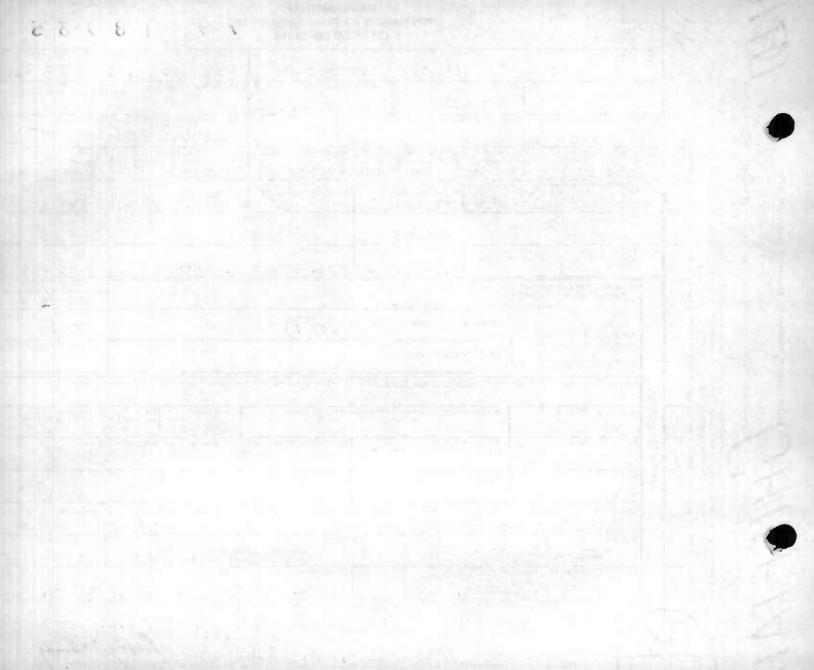
Catonsville, Md.

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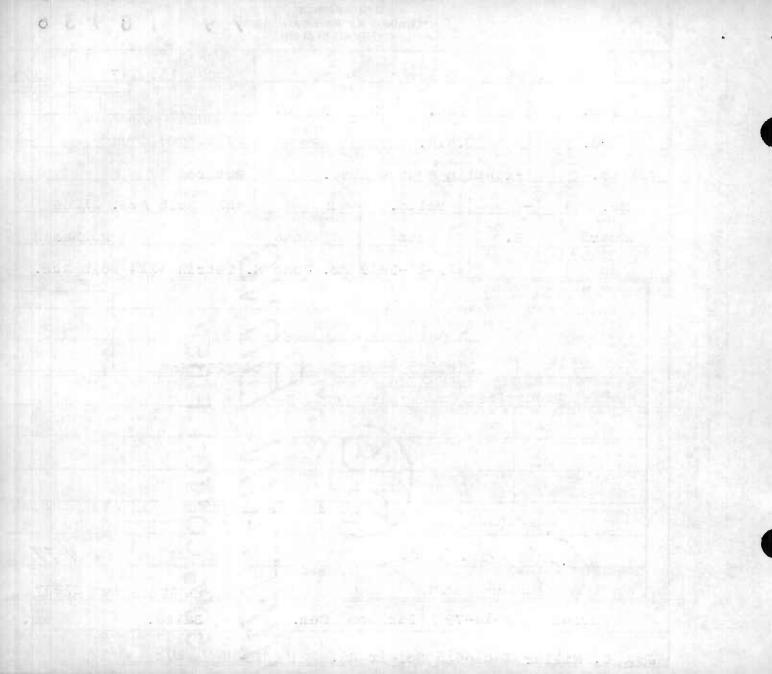
DHMH-16 60M 1.73 (VR A 15 (4))

24 FUNERAL DIRECTOR

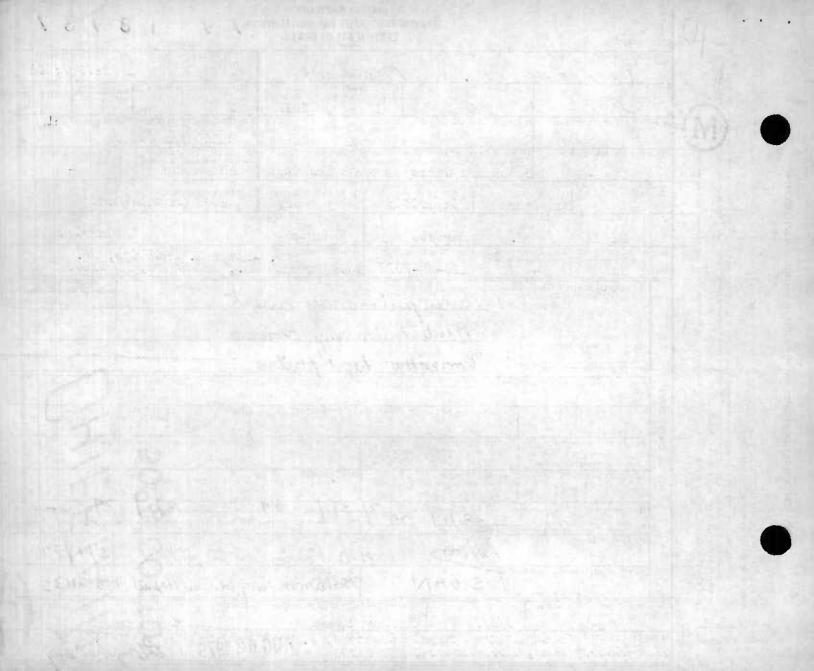
MacNabb Funeral Home



FOR



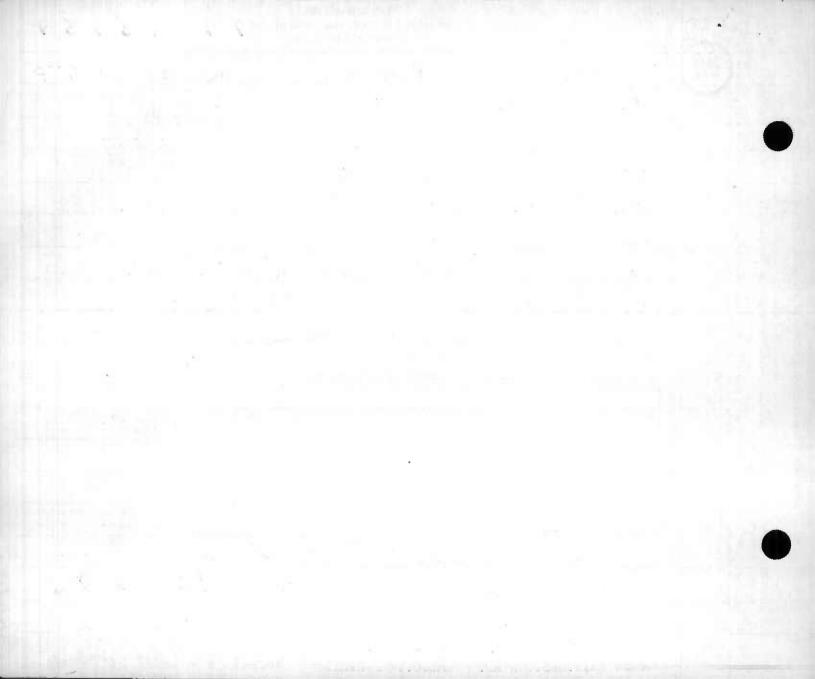
~					UF MAKTLAND				
0 1	FOR - STATE REGISTRAR		DEPAR		ALTH AND MENTAL HY CATE OF DEATH	GIENE 9	1 8	3 9	3
1.0	ECEASED NAME	FIRST	MIDDLE	LÁ	51	20. DATE OF DEATH		DAY YEAR	2b. H
(TY	PE OR PRINTI	KINE	3.4	PILI	L & 11PS		8 1	1979	7:3
3. S		4 RACE	IVI •	5. DATE OF		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	# UNI
	F		Toita	MONTH 2	6 1917	62	M	AONTHS DAYS	HOU
70.	BIRTHPLACE (STATE OR FO		<i>hite</i> OF WHAT COUNTRY	(2 8		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Ja:	COUNTRY			MARRIED	NEVER MARRIED	Baltimon	77		
10.	CITY OR TOWN OF DEA		SA DE HOSPITAL, NURS	WIDOWED	DIVORCED TO COTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUS
R_{ℓ}	mdallstown	Baltim	such facility, give stree ore Count	et address) Sy Gene1	ral Hospital	Homemake	DF WORKING LIFE	E) INDUSTRY	_
US 130	UAL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13. STREET ADDRESS		The	
35	MD	Baltimore	Pikesvi	lle	YES NO	13e. STREET ADDRESS 1306 St	idvale	Road	
	FATHER'S NAME FIRST	WIDDLE	LAST	821111	15. MOTHER'S MAIDEN NA	AME		IAG	T -
0-0	Edgar	E_{\bullet}	Bartell		Marie		W. Carlot	Garri	sh
0 16a	WAS DECEASED EVER I	N U.S. ARMED FORCES	? 16b. SOCIAL SEC	CURITY NO.	17 INFORMANT Mr.	Walter LADD	Millir	os. Sr.	
and and	No		216-09-	7573	1306 Sudvale	Rd., Baltin	nore, N	ND 2120	8
u.	18 CAUSE OF DEATH	Enter only one cause	per line far (a), (b), a	and (c).		Mark Control		BETWEEN	MATE
event, th	PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a).	Cardia	Bisa Om	MICH ON	102/			
9	1/000	MIMEDIATE CAOSE (O)		2440131	and the				
to.	4080	DUE TO	OR AS A CONSEC	UENCE OF	/			40 743	
00	Conditions, if any,	which (1b)	17 ente	Poulm	mens Old	morec.			
or other troumotic	gove rise to imm	ediote					10-11		-
9	underlying couse		OR AS A CONSEQ	UENCE OF	L' 1 4				
1	and thy mg	(c),	Conpol	ing to	earl / auliv	u·			
×	PART 2. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	EN IN PART 1	11
8 shows any injur	19a DATE OF OPERAT	ION 196 COM	IDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	, WERE FINDIN	1GS
ERTIFIC		10 mg				YES NO		YING CAUSES	OF I
- 2	210. ACCIDENT WAS UNDE	ERLYING 716 TIM	OF INJURY		21c HOW INJURY OCCUP				141
	OR CONTRIBUTING C	AUSE OF DEATH HOUR	A.M. MONTH		The state of the s	Territarione of Marc	it iii iii ii ji fA	TORINNIE!	
MEDICAL	(IF EITHER, NOTIFY MEDICA		P.M.	19	211 LOCATION				
WED		LAT HOME	E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	
	AT WORK AT WOR	K L							
1		this hospital) attended		170	3/ 1979	, to	8/1/1		that
	saw the deceased abave, (I) (we) (di	d alive on	ov after death.	29 one	that in (A) (our) apinion	death occurred on the c	late and hour	and from the	cous
	226. SIGNATURE	X	1	D	EGREE		7775	22c. DATE	SIGI
730	P. San Design	/0	Wrevo	M	ATTENDING PHYSICIAN	MEDICAL STA	CIAN T	5/1	17
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e. ADDRESS				-
1		V-	SIVANI		Ballimon G	and General 1	tepte,	MD 21	13
23a	BURIAL, CREMATION, F				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	
7	Burial	8/3/		Jaklawn	Cemetery	Balti	more C	county	
24	FUNERAL DIRECTOR Z	Joring Byer	s Funeral	Direct	ors, P.A. 39 PA	TE REC'D. BY REGISTRAF	. 256. REGISTR	RAR'S SIGNAT	URE
87	28 Liberty	Road, Rand	allstown.	MD 21	133	102 1979	prints	whel	



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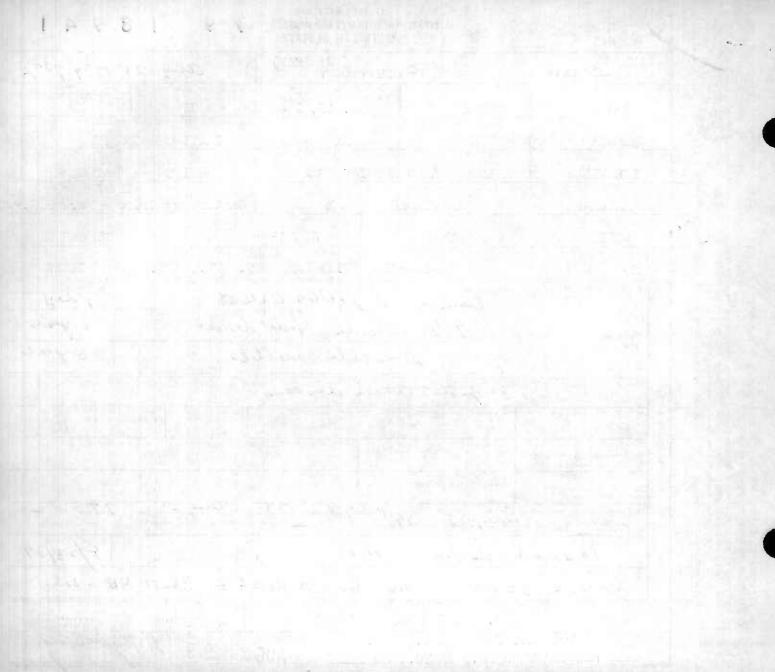
SOL LEVINSON & BROS., INC.

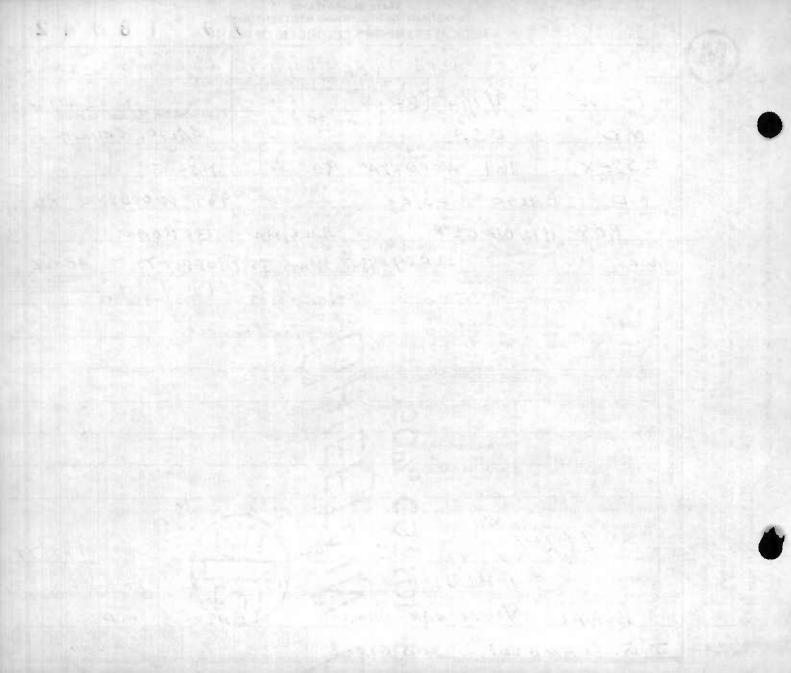
DHMH-16 20M (VRA 15, 4) 7/78



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- 1	4	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	18	9 4	1 1
		CEASED NAME FIRST EOR PRINT) BESSIE		MIDDLE R	ISSM	(PRISSMAN)	20. DATE OF DEATH	4. 23	1979	730 AM
ge 4 mo	1.58	FEMALE	4 RACE WHIT	re	5. DATE O		6 AGE (IN YEARS LAST BIR!		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Po	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	USA	•	MARRIE	D NEVER MARRIED D	BALTIMORE CITY O			MD.
by the	10. C	PIKESVILLE	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET DRD MANOR	(ADDRESS)	NG HOME	(TYPE OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE)	12b. KIND OF INDUSTRY AT HO	BUSINESS OR
AND 213	13a	AL RESIDENCE (IF NURSING HO STATE 11)	ME OR OTHER INSTITUTION OUNTY	134 CITY OR TOV BALTIMO	VN	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS Canterbury		215 - Par	k HTS.A
MARYL ted within ond 2 st	14 F.	LOUIS	MIDDLE	HYMAN		JENNIE	WE		UNKNOW	N
be execution on one con one co	16a \	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES NO	S. ARMED FORCES? S, GIVE WAR OR DATES)	010-10-		7111 PARK H	LIS HYMAN ^{addre} CS. AVE., AF		#21	215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retificate physician. Where this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file that and Mental Hygiene prior to burial, cremotion, or removal.		2500	AUSED BY: EDIATE CAUSE (0) DUE TO, O	ardise	. Ra	peratory ar			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
s that the deed by the other radi, cremotic or other tradi		Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, O	DR AS A CONSE	ENGERE	rils mell	letes		6	year
require een sign it. Then pior to bu	MION	19a DATE OF OPERATION				NOT RELATED TO THE TERM	INAL DISEASE OR CONE		WERE FINDIN	
TAL REC The low icron. The hos b sit permition printing in permition icron.	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN					YES NO	IN CERTIFYII	NG CAUSES	OF DEATH?
SICIAN: T ing physici certificate uriol-transi Aental Hygi	MEDICAL CI	OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A	.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	CED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	() OR PART 2)	
DIVISION ING PHY r ottendi After this os the bu Ith and M orked or	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	11.2.12.12.12.12.00	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ATTEND ospitol o		220.1 certify that (1) (the-lase with education of the deceased alive obove, (1) (we) (did) (did)	(3)	27 2		d that in (my) (our) opinion	death occurred on the do	2, 19 ite and hour o	and from the c	
TAL OR by the hord detocher tote Depri		226. SIGNATURES	rel Le	un	m	PHYSICIAN Z	MEDICAL STAP	F IAN 🗌	8/2	1
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store		MANUEL	LEUIN) 1	10	6101 PK H67.	SAUE. BA	LTO M.	B 212	15
730 BP	100	BURIAL, CREMATION, REMO SPECIF BURIAL	AUG. 24	4,1979 H	EBREW	EMETERY OR CREMATORY FRIENDSHIP	23d. LOCATION CITY OF TOWN BALT IMOR		MAR	YLAND
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	UNERAL DIRECTOR SOL NAME 6010 REISTER					e rec'd. by registrar 2 9 1979	256 ELGISTRA	AR'S ASCELLED	Joly





	1	FOR			TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE'V () 1	0 0 4 7
	1	- STATE REGISTRAR			TIFICATE OF DEATH	REG. NO.	0 7 4 3
		CEASED NAME FI	IRST	MIDDLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
5 to	1	H.	Ellswor	th Raver Sr.	Section 1	Aug	7, 1979 N
-	3 SI	X	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(BA		Male	White	e Aĵ	oril 3, 1908 **	71 YRS	The same of the sa
MAIL		IRTHPLACE ISTATE OR FOREIC	ON 76 CITIZEN OF	WHAT COUNTRY?	RRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUN	
625		wings Mills	U.	0	OWED DIVORCED	Do It im and	ounty . ME
1 3/10	10 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
1 00	Or	rings Mills	1230	7 Greenspring	Ave.	Hospital Maint	enance
3 301	USU 13a	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE ADMISS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	4-3-0-2-4
000	1	Md.	Baltimore	Owings Mill	S YES NO	12307 Greenspr	ing Ave.
in the	14 F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N		1
puo /	1	Joshua		Raver		earholt	LAST
5 2 /		WAS DECEASED EVER IN (U.S. ARMED FORCES?	166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRESS	
2 1/		No No	TES, GIVE WAR OR DATES)	215-03-157	77 Mrs Frances	N. Raver, Owing	s Mills, Md.
0 4 T		18 CAUSE OF DEATH	Enter only one couse pe	er line foses, (b), and ic	/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
100		PART I. DE ATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Canno	er - 6	Diains	794
t sold		1919		OR AS A COMSEQUENCE	. 0		
No.		Conditions, if any, wh		011	a D		1246
emon mod		gave rise to immedicause (a), stating	iote	OR AS A CONSEQUENCE O	1		11/1/1-
of co			lost	Nim	i plea c	a	4 mar
n pie		PART 2 OTHER SIGNIFIC	CANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
400	CERTIFICATION						
ony ony	N A	190 DATE OF OPERATION	N 196. CONE	DITION FOR WHICH OPER	MON WAS PERFORMED	20a AUTOPSY? 20b-1F Y	ES, WERE FINDINGS USED
iene iene	E	6 pm	e	4			YES NO
certificate has	Ü	210 ACCIDENT WAS UNDERLY	1 / / / / / / / / / / / / / / / / / / /	OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)
Lentol Item 1	N N	OR CONTRIBUTING CAU	SE OF DEATH	1/	19		
o A bo	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	21f LOCATION	CITY ON TOWN	COUNTY STATE
s the n ond rked	2	AT WORK NOT WHILE	[XI NOME, S	THEET, PACTORY, OFFICE, PARM, EN		/n n	//
eoltle s mo		22a I certify that (I) (thi	is hospital) attended t	he deceased from	1- 4 . 19		19, that (I) (we) lost
I for to a f H		sow the deceased a	told get) view the bad	notter death	, and that if (my) (and apinion	n death occurred on the date and K	our and from the causes stated
Direction of the military of t		226. SIGNATURE	1/ 1/	1/3/2 /	2 DEGREE	1	224 DATE SIGNED
		Directo-	A SA	yeu 1	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8-9-79
FUNERAL old be deto		22d. PHYSICIAN'S NAME	(TYPE OR PRIM	1 11 "	22e/ADDRESS	P /	11,11
should be det		H DAG	S G A	2+de//	BU MAIN	V MEISTERSTI	SN Nd 21136
0 4 × ×	23o	211211 50511151011 05		23¢ NAME	OF CEMETERY OR CREMATORY	23d LOCATION	
		Burial Burial			ce Methodist	CITY OR TOWN	Itimore County
50M 7/77	24 F	UNERAL DIRECTOR	1 6		25a Ør	ATE REC'T. BY REGISTRAR 256. MIGH	STARY SIGNATURE
15 (4))		Eline F	uneral Home	e, Reisterst	own. Md.	00 20 .0.0	/ /
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The state of the s		Come See	ue III	
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church ero-Mia				
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. Lawer, Calman dollar, L.				0.1

1/	1	500	STATE OF MARYLAND	
,	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	OAA
1		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, , , ,
(BART &		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 21 HOUR
LIVE	1 "	JOH1	N HENRY REECE DEATH MATED & 8-	18 1979 100 M
35424	3. SE			14/
SHE	3. 31	4	MONTH / DAY YEAR LAST BIRTHDAY)	DAY YEAR 24 HOUR
NECESSARY, PLI FUNERAL DIREC 5, FOR YOUR W. PRESTON STILL		M N	11/3/14 59 YRS. HOURS MIN. PRONOUNCED 8-	18 1979 P M
FECESSAL DNERAL FOR YOUTHIN		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	Y OF DEATH
A S S S S S S S S S S S S S S S S S S S		N.C	USA WIDOWED DIVORCED BALTO.	COUNTY
AY IS NE THE FULL OF THE FULL	10. C	ITY OR TOWN OF DEATH	0:1-	12b. KIND OF BUSINESS
PAGE.		-	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE	OR INDUSTRY
		ESSEX	GOO MIDDLESEX RD	LIQUURS
T201 F ANY DEI RETAIN HOULD BE RECORDS	130	AL RESIDENCE (IF IN NURSING HOME O STATE 13b COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE (ITY LIMITS?] 34. STREET ADDRESS	
SHOUL RETAND SHOUL		ma	BALTO ESSEX YES NOB GOO MIDDLE SE	EX
33.3.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	14 F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	500
MD. 2 FEATH. 1 PN 2 S 1, 2, ND 2 S 3 ND 2 S 3		FIRST 11 1 D	MIDDLE LAST FIRST MIDDLE	LAST
AORE, PAGES ORM PORCES I ANIC		CHHILE)		MIC
S - PAR			MED FORCE'S? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WAR OR DATES)	
BALTIMORE, IRS AFTER DE GIVE PAGEE WITH FORM PAGES 1 AN		YES WIL		A BOVE
ST., BALTIMORE, MD.: HOURS AFTER DEATH. A 18. GIVE PAGES 1, 2, 2, 4G WITH FORM PM 3 MIT. PAGES 1 AND 2 8 WE, DIVISION OF VITAL			ly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
TON ST., B N 24 HOUR VITEM 18. ALDERMIT. P YGIENE, DI		PART I DEATH WAS CAUSED	DBY: A COX VIA- VIA-	BETWEEN ONSET AND DEATH
		1/2 IMMEDIAT	TE CAUSE (a) 1 Cure Cereorer 1	
PRESTON VITHIN 24 CIL IN TIE NER ALD AL HYGIEI AOVAL.		731-	DUE TO, OR AS A CONSEQUENCE OF	1
		Canditians, if any, which gave rise to immediate	(b) Chronic cerelito vascular atteriordes	in
ED WITHIN PENCIL IN CAMINER IL-TRANSIT AENTAL HY		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
301 W. PREI CUTED WITH IN PENCIL I EXAMINER INTAL-TRANS OR REMOV		lying cause last.		
M 0 7 7 7 7 7	П	PART 2 OTHER CIGNISICANT CONDITIONS	CONTRIBUTION TO DESTU DUE NOT DES SEED TO THE FEMALES OF THE PROPERTY OF THE P	
P A A A A TIO	7	TAKE 2 OTHER SIGNIFICANT COMBITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
VITAL RECORDS, 3 "SHOULD BE EXECTORD "PENDING" "CHIEF MEDICAL BE USED AS A BUF BE USED AS A BUF RIAL, CREMATION,	CERTIFICATION			
SHOULD ORD "PER CHIEF A SE USED OR HEAL CREEK	13	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ITAL SHOU RRD "Y CHIEF OF H AL, CI	1			YES NO T
OF VITA ATE SHO THE CHI UD BE US AGENT OF	- E	21a. EXTERNAL CAUSE WAS	216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PAR	
0 4 1 1 3 8 8		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
ION THEIG TO TO TO ARE	1 5	CONTRIBUTING CAUSE OF		
DIVISION OF VIT S CERTIFICATE 'SI RITING THE WOR RDED TO THE RDED TO THE E B SHOULD BURLA PRIOR TO BURLA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COL	UNTY STATE
DIVIS THIS CER WARDED PAGE 3 S TATE DEP	1	AT WORK AT WORK		THE STATE
	140			
EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: WARYLAND, 2		22a. I certify that I taak charge	e af the remains described abave, held an Autapsy 🔲 , Inspectian 🔯 , Inquiry 🔯 , and in my ap	inian
XAMIN ERTIFIC IRECTO		death resulted fram: Natur	ral cooses A. Accident , Suicide , Hamicide , Undetermined manner ,	
XX BID WIT WARY	1	1604	# // TITLE (SPECIFY)	2/2/2-
CAL EXAMINER: THE CERTIFICATE SHOULD BE FOR TAL DIRECTOR: ATM. WITH THE RE, MARYLAND, 2		ACTUAL SIGNATURE	M.D. Depuly MEDICAL EXAMINER SIGNE	8/18/19
MEDICA CUTE TH SE 4 SH FUNERA ER DEAT		SISISME	1 SIGNE	
W C C C C C C C C C C C C C C C C C C C	4	EXAMINER'S NAME K. S	S. AHLUWALIA 2112 De Callator	Bull-21222
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU A FTER DEATH A FTER DEATH BALTMORE, MA	-		ADDRESS ATTA, Dungaran	JOI AIAA
₽ ₩ ₽ ₽ ₹8	230.8	URIAL, CREMATION, REMOVAL 2	38. DATE 231. NAME OF CEMETERY OR CREMATORY 238. LOCATION CITY OR TOWN COUN	TY STATE
BP		BURIAL	8/22/79 BELAIR CEM BELAIR COUN	MD
DHMH - 17	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S S	IGNATURE
(VR A15 ME (5))	1	. G. CONNE	3 m = 4 / 2 t x 1	my /Ale Creedy
15M7/77	-4	CON IN L	7	

19 Hazel Ave PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 21 COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DAJE SIGNET 23b. DATE COUNTY STATE Brooklyn A.A. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4)) 1328 Sulphur Spring Rd Ambrose Funeral Home

STATE OF MARYLAND

2b. HOUR

HOURS

126 KIND OF BUSINESS OR

LAST

OAYS

INDUSTRY

IF UNDER 24 HRS

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Lanco Sama Anti				Samplan L
na Valence and a state				5.09(1.70)
		74.1.	enand Ma	J. 11. (11.11) - (
	17.50		he see	Served V
	einel moden			
	111			. A.

by the attending physicion

should be detached for use as the burial-transit permit. Then please remove carbonpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Item 21 is morked or Item 18 shows ony

FUNERAL DIRECTOR: After this certificate hos been

STATE	OF M	LARYI	AND

I. DECEASED N		WIDOLE	LAS		REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3 SEX	Lotta	E.	5. DATE OF	ider BIRTH	August	25,1979 6:30
Fem	ale	White	Dec.	2, °1898 YEAR	80 YR	MONTHS DAYS HOURS MIN
14 BIRTHPLAC COUNTRY) Mary	ISTATE OR FOREIGN	U.S.A	OUNTRY? 8 MARRIED WIDOWED	□ NEVER MARRIED □	Baltimore Co	
Towson	WN OF DEATH		L, NURSING HOME OR GIVE STREET ADDRESS) Mediacal Cer		TTO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Admin. Asst.	State Of MD.
USUAL RESIDE 13g STATE Maryla	113b COL	or other institution, give resintly 13c. CIT timore	YORTOWN	34 INSIDE CITY LIMITS?	13e STREET ADDRESS Smeton P	lace
Dr.	AME William	MIDDLE J.	Pillsbury	Lotta	ME MIDDLE	Crockett
NO WAS DECE	ASED EVER IN U.S. A	VE WAR OR DATES!	-36-2107A	7. INFORMANT Lotta R. W	ilson Same As #	13e
	I. DEATH WAS CAUS	only one couse per line for ED BY	on aster	Heart Fan	luie	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
	ons, if ony, which	DUE TO, OR AS A	ONSEQUENCE OF	and c	OPO	
couse	ise to immediate to, stating the lost.	DUE TO, OR AS A C	CONSEQUENCE OF			
	OTHER SIGNIFICANT	trait m	TING TO DEATH BUT N	or related to the TERM	AMOCALLEL	EVEN IN PART 110
21a. ACC	OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	WAS PERFORMED		YES, WERE INDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
OR CONT	DENT WAS UNDERLYING RIBUTING CAUSE OF D ROTIFY MEDICAL EXAMINE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)

AT WORK

sow the deceased alive on above, (Newe) (did) did no

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

10

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

Howard & H. Bond

22a.1 certify that (I) (this haspital) attended the deceased from

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

9618 Belair Road, Perry Hall, Maryland

23d LOCATION COUNTY PIKesville, Balto. Md.

Burial 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

8-28-79 ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md.

236 DATE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-RIFMAN DEATH MATED AUG. 25,1979 **EDWARD** DENNIS . SEX 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 25,1979 AUG. 18,1955 AUG. 24 DEAD MALE WHITE To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA BAKTIMORE, MARYLAND BALTIMORE COUNTY WIDOWED FILED, IA CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! DWINGS MILLS ROSEWOOD STATE HOSPITAL NONE NONE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YESX 3412 WABASH AVE. 21215 **IARYLAND** BALTIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME X d FIRST MIDDLE LAST LAST **AVRUM** RIFMAN PELL RUTH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 3412 WABASH AVE. (21 AVRUM K. RIFMAN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and PART I DEATH WAS CAUSED BY Conditions, if any which gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES D NO K IOR TO BUR 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) 8/26/79 PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE SIGNATURE 23 c. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL 8/26/79 BALTIMORE, MD ANSHE EMUNAH AITZ CHAIM 250. DATE REC'D. BY REGISTRAR IN THE STATE OF THE STATE O 24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. **DHMH - 17** (VR A15 ME (5)) SOL LEVINSON & BROS BALTIMORE, MD. (21215) 30M 7/73

a sophy as but to degine the Enter Court for the separate weeks that there I to the But Long to the sound of the contract of the c

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 20. DATE 76 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SEX 4. RACE DATE OF BIRTH 6 AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 5.5 YRS DEAD 19 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FORFIGN COLINTRY WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WOR 12b. KIND OF BUSINESS OR INDUSTRY ONSTRUCTION RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 130 STATE 136 COUNT 13c. CITY OR TOWN 13d INSIDE, ETTY LIMITS? STREET ADDRESS YRNERS 14 FATHER'S NAME MIDDLE orenzo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS DIVISION CAUSE OF DEATH (Enter only one couse per line for (a), (b), and MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF PRIOR TO BURIAL. ORWARDED TO THE CI YES [98 71a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK DIRECTOR: MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Accident Undetermined manner TILE (SPECIFY) TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUT TO FUNERAL D. AFTER DEATH, V. BALTIMORE, MA. MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION COUNTY 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 NAME (VR A15 ME (5)) 15M7/77

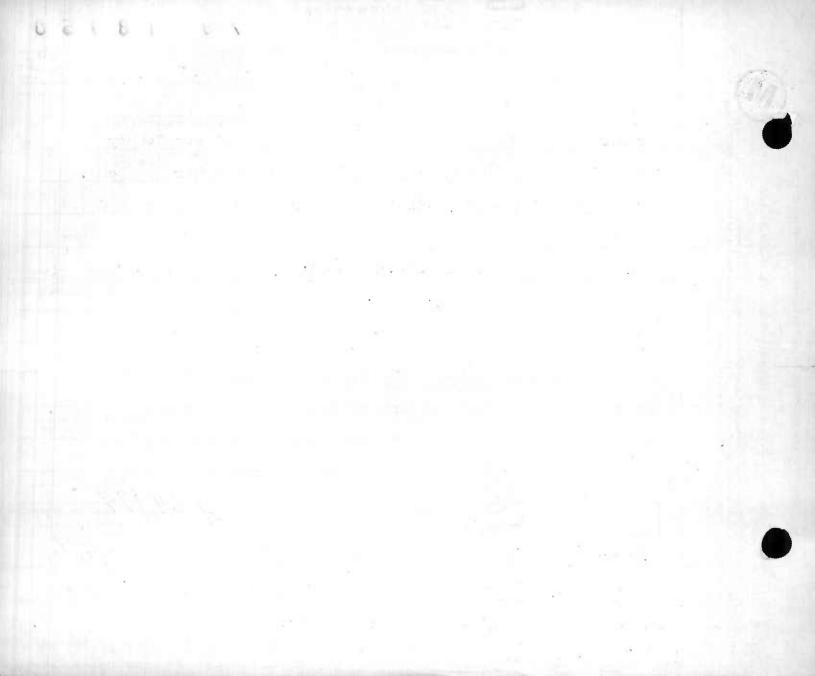
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ANO.	1.	FOR - STATE REGISTRAR	D		HEALTH AND MENTAL HY FICATE OF DEATH	1 7	189	149
VI I	I DE	CEASED NAME FIRST	WIDDLE		LAST	REG. NO		EAR 26 HOUR
	(TYPE	OR PRINT)	N D. ROSCHEN				/5/79	3:07 am
	3 SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		711
s aff		Male	Caucasian	MON	2/27/05 YEAR	74	YRS	DAYS HOURS MIN
والمنه	76. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY O		TH
(5)	C	Maryland	USA	WIDOW	ED NEVER MARRIED	Baltimore	County	40
notified a	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 12b. K	
6/6	AISII	Tows on AL RESIDENCE (IF NURSING HOME O			dical Center	Retired	Ba	nking
35	13a.	Tyland Tolk COU	NTY 130 CITY (or town imore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 5104 Gree	nwich Ave	., Apt. B9
Xomine	[14. F/	ATHER'S NAME FIRST Hermann		schen, S	15. MOTHER'S MAIDEN N. FIRST Liset	WIDDLE	Rh	einhardt
0		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS Apt.B	9 21229
medico	100	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	18-0091	Mrs. Mary B	. Roschen ,		
the die		18 CAUSE OF DEATH Enter o					AF1	PPROXIMATE INTERVAL
event, t					home mixed b	detionatio	and	WEEN ONSET AND DEATH
ren		IMMEDIA	TE CAUSE (a) MALTY	v differe	phoma, mixed hentiated lymph	ocytic, dif	fuse	
mat mat		2008	DUE TO, OR AS A CO	NSEQUENCE OF	sinctabod T) inp.	.00, 010, 011		
atiai		Conditions, if any, which	(b)					
erre		gove rise to immediate couse 101, stating the	DUE TO, OR AS A CO	NSEQUENCE OF				
of to		underlying couse last	(c)		7.8			
ζ,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(0)
2	CERTIFICATION							
à]	Ş	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE F	FINDINGS USED
shows /	Ē					YES . NO	YES -	NO [
18 shows	W.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	1	ART 2)
		OR CONTRIBUTING CAUSE OF DE						
or Item	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	19	21f LOCATION			
ed o	¥	WHILE MOT WHILE	(AT HOME, STREET, FACTORY		STREET	CITY OR TOV	vn coun	TY STATE
nark					0/29 10 79	7/5/7	0	
.2		22a.1 certify that (I) (this hasp sow the deceased alive or	- 7/5/70			, to	. 19	, that (I) (we) lost
n 21		oboxe, (I) (we) (did) (did no	ot) view the body ofter deat	h. 17	and that in (my) (our) opinion	aeoth occurred on the di		
±		THE STOMATURE	1 .		DEGREE		1	DATE SIGNED
± ±		XVien 9	deller		ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🛣	7/5/79
ORTAN	1	77d. PHYSICIAN'S NAME (TYPE	OR PRINT		22e ADDRESS			- I-Ur series
MPORTANT:		John F	Adams, M.D.		6701 N. Char	rles St To	weon MD	21204
MPO	230	BURIAL, CREMATION, REMOVAL		23¢ NAME OF	CEMETERY OR CREMATORY		noon, in	
	{	SPECIFY)				CITY OR TOWN	COUNTY	STATE
	24 F	Burial UNERAL DIRECTOR 4670	7/7/79	Loudon	Park Cemeter	TE REC'D BY REGISTRAD	e, Marylar	
1/76		NAME 1630	Edmondson Awa	e., Cator	nsville, Mä DA	11 0 1070	tistay !	Kelresdy
)		Witzke Catonsvi	lle Funeral	Home, P.	A. 21228	11 9 19/9		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

injury, ar other traumatic event, the medical examiner must be natified at ance.

moý be

STATE OF MARYLAND

FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

8 9 5

		REGISTRAR				CENTIII	ICAIL OI	PLAIN	REG	NO.			
r		CEASED NAME	FIRST	1	MIDOLE		LAST	·	20 DATE OF DEATH		DAY YEAR	2h HOUR	
	(TIPE	OR PRINT!	Mary	Elle	en Roti	h			Augu	st 7.	1979	8:45P	
	3. SE	X		4 RACE		S. DATE (6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEA		
	Fe	emale		Whit	e	Ma	y 19,	1916	63	YRS	MONTHS DAY	S HOURS MIN.	
5	CO	RTHPLACE (STATE OR FO	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED [9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH	ME	
0		ssex 212			HOSPITAL, NURSIN				120 USUAL OCCUP		12b. KIND INDUSTR Or Rest	12b. KIND OF BUSINESS OF INDUSTRY TESTAURANT	
F		AL RESIDENCE (IF NURS TATE L		TOTHER INSTITUTION, UTY	GIVE RESIDENCE BEFORE 13 CITY OR TOW ESSEX		13d INSIDE YES [NO E	131728 APPRE	Stop A	Ave. 212	221	
2/	14 FA	THER'S NAME FIRST John	На	MIDDLE	LAST		15 MOTHER	rs Maiden Nai	Heeb MIDDLI		ı	LAST	
1	/V	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORM			DRESS	110		
	V	Vo		-	170 03 5	661	Ern	est Rotl	h (Husb	and)	Same	9	
	N	Conditions, if any, gove rise to imm couse 101, statin underlying couse	which nediate ig the lost.	(c)	R AS A CONSEQUE	NCE OF	NOT RELATE	here a No D TO THE TERM	Colon Colon INAL DISEASE OR CO	- ONDITION C	GIVEN IN PART	fmn 15.	
7	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES [
1		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DE	21b. TIME O HOUR A.I	M. MONTH DA	YEAR	21c. HOW	NJURY OCCURE	RED (ENTER NATURE OF II	YJURY IN ITEM 1	B, PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE	21e PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCAT STREE	ION	CITY OR	TOWN	COUNTY	STATE	
		22a. I certify that (1) sow the decease above (1)	ed alive an	2/2	719	/	DEGREE	ATTENDING PHYSICIAN		e date and h		that (1) (we) lost the couses stated TE SIGNED	
1	1	224 PHYSICIAN'S N	AME ITYPE O	RICHA	kosJI	M	670	1 N.	Charle	s S1	+ 2.	1204	
		BURIAL, CREMATION,	REMOVAL	236. DATE			EMETERY OF	CREMATORY	23d LOCATION	ma Car	STOUNTY Me	AWA Carre	

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

D A ZION E

Gardens Of Faith

Baltimore County, Marylah

21221 250. DATE REC'D. BY REGISTRAR 256.
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(VRA 15(4))

STATE OF MARYLAND

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executed within 24 hours ofth TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

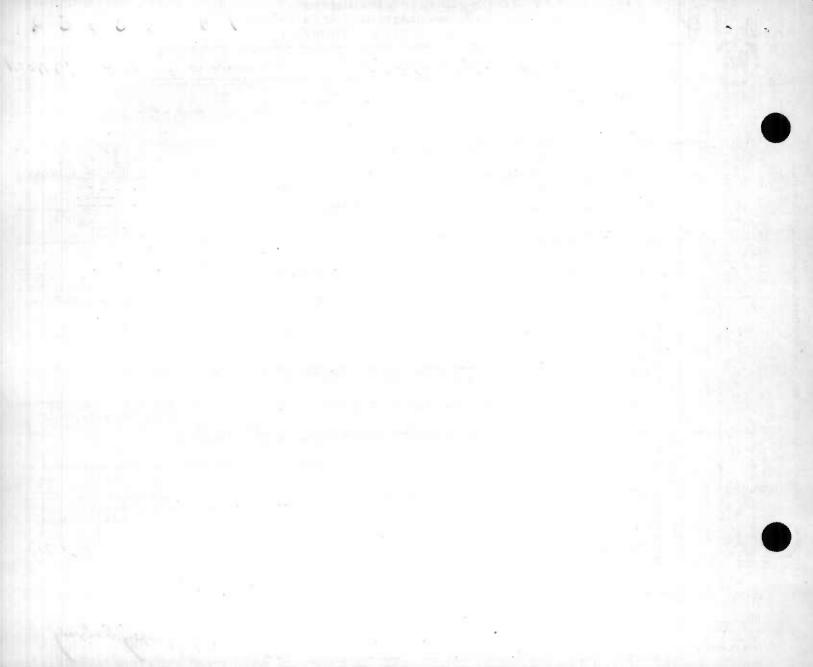
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENEY

1	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	18953				
(TYF	ECEASED NAME FRST . PE OR PRINT) FRANCI	s X RI	IRKA JR.	20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR A				
3. SI	Male	Caucasian	March 29, 1985	64	MONTHS DAYS HOURS MIN.				
5	COUNTE Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED M NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR BALTIMORE	COUNTY				
De la contraction de la contra	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET AS SAINT JOSEPH HO	ODRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF					
	STATE . ITALCOUN	other institution, give residence before a TY Arunde Battimor	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 314W. Anden	21225				
14 F	FATHER'S NAME FIRST Francis	X. Rucka.	Sa. Many.	WE	Dobnzekowski				
	WAS DECEASED EVER IN U.S. ARI	WAR OR DATES)	323 Mrs. (ecilia	M. Rurka 314	More, Ander Road				
	PART I. DEATH WAS CAUSED	ECAUSE (D) Heute	Eurdia arres	t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 - 40 mg n				
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	MUSE OF MYSESTELLAL MY	al infarction	48 lm.				
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Cerebral atherosclerosis Legisma atherosclerosis								
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C		20a AUTOPSY? YES □ NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
01	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH 21b. TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.)	CITY OR TOWN	COUNTY STATE				
	22a.1 certify that (I) (the hospit saw the deceased alive on, above, (I) (we) (did) (did no	of) ottended the deceosed from Aug 22 19 70 yiew the body ofter death.	7, and that in (my) (ser) opinion	death occurred on the dat	te and hour and from the causes stated				
AZ ====================================	226. SIGNATURE OUTPUT 226. PHYSICIAN'S NAME (TYPE OF	Luvan dawshi	DEGREE ATTENDING PHYSICIAN [122e ADDRESS	MEDICAL STAFF					
A A A A A A A A A A A A A A A A A A A	ANTHONY A.	- EWANDOWSKY 1	n.D 300 E Jop		vsm Maziroy				
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ame of cemetery or crematory lan Hill (emetery		Anne Arundel Md.				
7 24 1	runeral director la Carlly Funegal	Home of Brooklyn Patapsco Avenue	Balto., Ma. 25 250. DA	G 2.8 1979	SI RESTRAR'S SIONATURE				

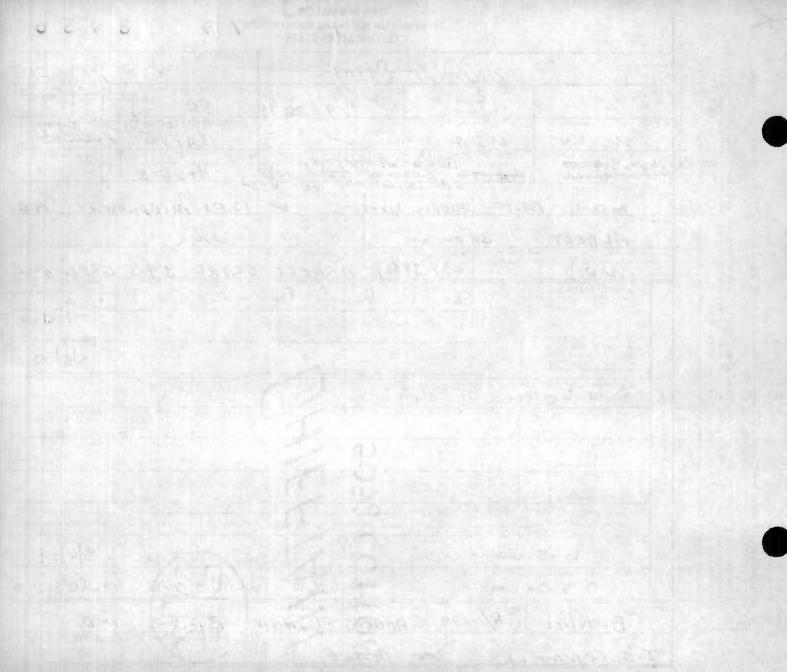
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item 2a #G534 8/17/79



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LEE ST. TRUSCH, MD. 21204	MAHOLII FFTE	• • • •	7. PU '57	teatlma
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/	1		STA	TE OF MARYLAND				
	1	FOR STATE REGISTRAR	CERTI	HEALTH AND MENTAL HYGII FICATE OF DEATH	REG. NO	1 8	9 5	6
be sorth	I. DE	CEASED NAME FIRST	murt/P. St	OR FF	20 DATE OF DEATH	NONTH DAY	YEAR 21	HOUR
age 4 may be frector, page 3 ours free death	3. SE	×	4 RACE S. DATE MON		6. AGE JINYEARS LAST BIRT			UNDER 24 HRS
death. Page uneral direction of once.		IRTHPLACE (STATE OR FOREIGN OUNTRY) VA	76 CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED DIVORCED	BALTIMORE CITY O		F DEATH	TE MI
RA.	1281	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND OF B INDUSTRY	USINESSOR
filled in hould be f	13a.	MP. 136 COU	ROTHER INSTITUTION, GIVE PREMOTE BEOFF ADMISSION NTY 13C. CITY OR TOWN MIDDLE RIVE	YES NO D	130 STREET ADDRESS	IDDLE	WAY	RD
ompletely ond 2 sl	D	ATHER'S NAME FIRST ALBERT	BROWN	15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
on and con and		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) IF YES, GIV	RMED FORCES? 16b. SOCIAL SECURITY NO. 237-586293	17 INFORMANT ARNETT.	SCARS.		GREET	VHILL
ding physicic arbanpapers or remaval.		PART I. DEATH WAS CAUSE	nly one couse per live for (a), (b), and (c), (b) and (c), (b) and (c), (b) and (c), (c) and (c), (d) and (c), (d) and (c), (e) and (Renal Fail	me		BETWEEN ONS DOA 7	25 79
by the attendose comes on the community of the community		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)				DOD 8/8	179
n signed Then ple r ta burio injury, at	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE OR CONE	DITION GIVEN	IN PART 1(0)	
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ig physici certificate rial-transi ental Hygi Item 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR		D LENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
after this os the bu th and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
haspital or RECTOR: A red for use ipt. of Heal- em 21 is mo		saw the deceased alive or obove, (I) (we) (did) (did no	nital) attended the deceased from	and that in (my) (our) opinion de	, to eath occurred an the do		nd from the cau	
XAL DI detach of Detach of Detach			Lalana		MEDICAL STAP	F IAN 🖽	22t. DATE SIC	ned 79
to FUNER, should be dwith the Sto		D. S. K	A LAIRIA	220. ADDRESS 5655 E R	ROUEA	VE. I	BALTU	21239
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1 0/. /	CEMETERY OR CREMATORY ENS 65-571711	23d. LOCATION CITY OF TOWN BALT	-O. 12	M D	STATE
MH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR	ADDRESS 300 M	250. DATE	REC'D. BY REGISTRAR	25b. REQUISTRA	RES. SIGNATUR	issally



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME ÉIRST KNOWN (TYPE OR PRINT) OF ESTI-GERARD DEATH MATED SCHOENIG 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY FUNERAL DIRECTOR S FOR YOUR PRONOUNCED MALE WHITE 65 4-20-14 DEAD TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE COUNTY WIDOWED DIVORCED THE FUI AGE 5 FILED, W 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS TOWSON JOSEPH HOSPITAL CERVICI BE PAHITORIAL 3. RETAIN P. SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN 33d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES 3 NO M 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO DIVISION 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) RETWEETH CINSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Canditions, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [ORWARDED TO THE C R: PAGE 3 SHOULD BE E STATE DEPARTMENT C , 21201 PRIOR TO BURIA BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) POR HOURA.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY AT WORK AT WHILE 22a. I certify that I took charge of the remains described above, held a DIRECTOR: Autapsy Inspection and in my apinian Accident X death resulted fram: Naturalcauses Suicide Hamicide Undetermined manner ACTUAL PAGE 4 SHOU TO FUNERAL I MORE, M EXAMINER'S NAME TYPE OR PRINT ADDRESS 23d. LOCATION 230. BURIAT, SREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BP 24. FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

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TALTE ORE CODATY					4.27
		Autor Habso			
CONTRACTOR			N 14		
			10		

Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

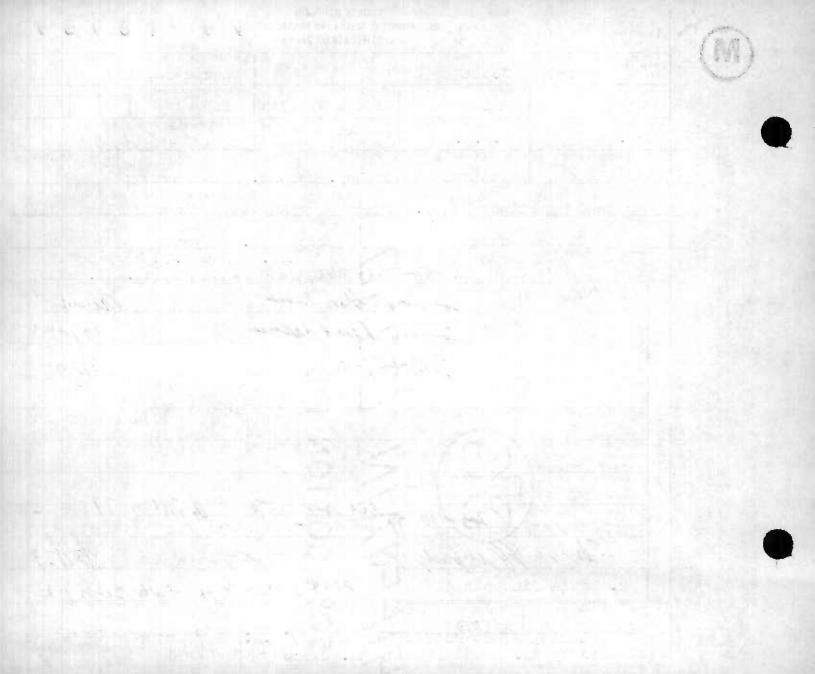
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The Marian		Trei		necessarium v	5=2030
	The risk II sell	Prof. Seri	f (400 or 100 or 100 or		l ov

	- STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST		HOUR
	Grady	Scott		August 30, 1979	
3 SE		4. RACE	5. DATE OF BIRTH	WONDER DAVE HOW	NDER 24
	Male	White	August 9, 1918	61 YRS. MONTHS DATS HOUSE	KS /
70. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
	enn.	U.S.A.	WIDOWED DIVORCED	Baltimore County	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION 12b, KIND OF BUS	INES
Ra	andallstown		nty Gen. Hospit	Metal Lather	
USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13e STREET ADDRESS	
		LtimoreBalto.			212
	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	446
	Claude	Scott LAST	Grace	A. Myers	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT		ADDRESS.	
(VE WAR OR DATES)			
		TT IIIO OT		Place Balto. Md. 212	20
	PART I. DEATH WAS CAUS	1 1 1 1 1 1	new Membris	APPROXIMATE IT	ANDI
	IMMED!/	ATE CAUSE (o)	1 Marine	West of the second	_
	2500	DUE TO, OR AS A CONSEOU	ENCE OF LESSEE JUSTICE	- 101/20	elv
	Conditions, if any, which	(1b) Cowner	expenses parties	12/	
	gove rise to immediate	DUE TO, OR AS A CONSEQU	ENIGE	×1	
	underlying couse lost.	(c) Deale	Andlites	Gyren	4
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(a	
CERTIFICATION					
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Ĕ				YES NOT YES NO NO	EATH
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	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	21f LOCATION		_
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	WHILE NOT WHILE AT WORK			R 3 V 2 2	
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	sow the deceased alive a obave, (1) (we) (did) (did)	ot) view the bady ofter death.	, and that in (my) (set) apinion	death accurred an the date and haur and from the causes	s stot
177	22b. SIGNATURE	1110 4	DEGREE	22c DATE SIGNY	6
	Edun	Il jugar.	MID ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	79
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT	22e. ADDRESS	DIRECTOR PHYSICIAIN	
	Dr. Edwin H	Pierpont	8204 1 108	NTY FO -Ballo 71207 Md	0
-	<u> </u>				<u> </u>
230.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY	STAT
	Burial	9/4/79 L	1	Sykesville Carroll	

DHMH - 16 50M 1/76 (VR A 15 (4))

8728 Liberty Rd. Randalîstown, Md. 21133



X							STAT	E OF MARYLAND				
1)			1.	FOR STATE REGISTRAR		DEF		IEALTH AND MENTAL H	, ,	REG. NO.	8 9 6	0
				CEASED NAME	FIRST	MIDDLE		AST	2a DATE OF DE			2b HOUR
	be 3				Mari			elby			979	8:25 P
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MARYLAND 2120	24 hou filled in ould be	See Per	130. S		G HOME OR O	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET AD	RESS Renyon Av	re2121	13
YLA	thin tely 2 sh	ine	14. FA	THER'S NAME				15 MOTHER'S MAIDEN N	000	<u>a</u> .	6071 73	
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BALTIMORE,	ond co	edicol		A1		VAR OR DATES)	SECURITY NO.	Mr. Lewis A.	Selby -	ADDRESS	uma Avo	-2/2/3
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3	by the	other t		cause to timme cause to stoting underlying cause		DUE TO, OR AS A CON	SEQUENCE OF	enseric Ort	en. Joe	ill gem	me.	
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ORD!	en si	2	ē									
RECC	low os be ermit	vs on)	CERTIFICATION	190 DATE OF OPERATIO	NO	196. CONDITION FOR W		N WAS PERFORMED	200 AUTOPS	IN CERTI	S, WERE FINDING FYING CAUSES (OF DEATH?
TAI	The icion te ho	Show	2	21g. ACCIDENT WAS UNDER	7	216. TIME OF INJURY	7 11 11 2	21c. HOW INJURY OCCU		OF INJURY IN ITEM 18.	S 🗌	NO 🗌
I V	phys trifico Il-tror tol Hy	819		OR CONTRIBUTING CA	USE OF DEATH	HOUR A.M. MONTE		ZIC HOW INJURY OCCU	JKKED (ENIER NATUR	OF INJURY IN ITEM 18,	PART 1 OR PART 2}	
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۵	NDIN of or use o	is mo	1			il) ottended the deceased i	819 7-70	, , ,	1 7	gust 2,	1 1	hot X (we) lost
	ATTEND ospitol o CCTOR: J d for use	n 21			d) (dia	view the body after death.	19 /-// a	nd that in ((our) opinio	n death occurred o	n the date and ha		
	the hor DIRE	# He		22b. SIGNATURE	1 -=	Sach		DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE S	IGNED
	SPITA d by NERA be de	Z T		224. PHYSICIAN'S NAM	AE (TYPE ORE	PENT) / -	/	PHYSICIAN 22e. ADDRESS	DIRECTOR D	PHYSICIAN	0	The Name
	etoined TO FUN Should b	MPORTAN		ARbar	5	redt,		8t. Jos	eph E	KOCT SYOCY	~	T. Kara
7/04	7 5 E # 3	≤	23a (BURIAL, CREMATION, RI SPECIFY) Burial	EMOVAL	236. DATE 8-6-79	23c. NAME OF C	View (em.	23d. LOCATIO	WN Hause	Co. M.	STATE
00	BP	-	04.5			0-0-/7	"OHIO		ATE DECID DV DEC			IDF .
(OHMH - 16 50M 7/7 (VR A 15 (4))	77		NERAL DIRECTOR	lon 1	Ing6415 Be	Jain Rd.		AUG U 6	STRAR 256. REGIS	IKAR'S SIGNATIL	Creedy

August 2, 1979 8:21	t, Bellby	e jere
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Paltimore County		alm, co
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FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

MALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

NEW YORK

RANDALLSTOWN

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

BURIAL

6010 REISTERSTOWN RD.

23b. DATE

SEPT.2,1979

SOL LEVINSON & BROS., INC. ERSTOWN RD. BALTO., MD 21215

CITY OR TOWN OF DEATH

3. SEX

ouj

76. CITIZEN O

	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9	. 18	9	6
10	MIDDLE	eff.	SHEL	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1 RACE	ICHARD	5. DATE C		6 AGE (IN YEARS LAST BIRT) >/- /	DER I YEAR	IF UNDER 2 HRS
WHI	TE	SEP	OAY YEAR	20	YRS		HOURS MIN.
b. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED XX	9 BALTIMORE CITY O	R COUNTY OF	HTASC	
USA		WIDOWE		BALTIMO	RE COUNT	Y	MD
(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION . HOSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O STUDENT		SCHO	F BUSINESS OR
OTHER INSTITUTION. TY ΓO .	GIVE RESIDENCE BEFORE	٧	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 3821 JANBR	OOK RD.	#211	33
HODLE	SEMEL		JACQUELI	WIDDIE		STERÑ	T
AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT ROBE	RT SEMELADDRE	SS		
WARORDATES	079-40-3	250	3821 JANBROO	K RD. RANDA	LLSTOWN,	, MD	21133
DUE TO, OI	line for (a), (b), and Rhab de Ras a CONSEQUE	NCE OF (go Saveon Torbit a		iglit Heyo	APPROX. BETWEEN	MATE INTERVAL PASET AND DEATH
	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	(1)
19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 (OR PART 2)	

MIKRO KODESH-BETH ISRAEL BALTIMORE

SEP 5 1979

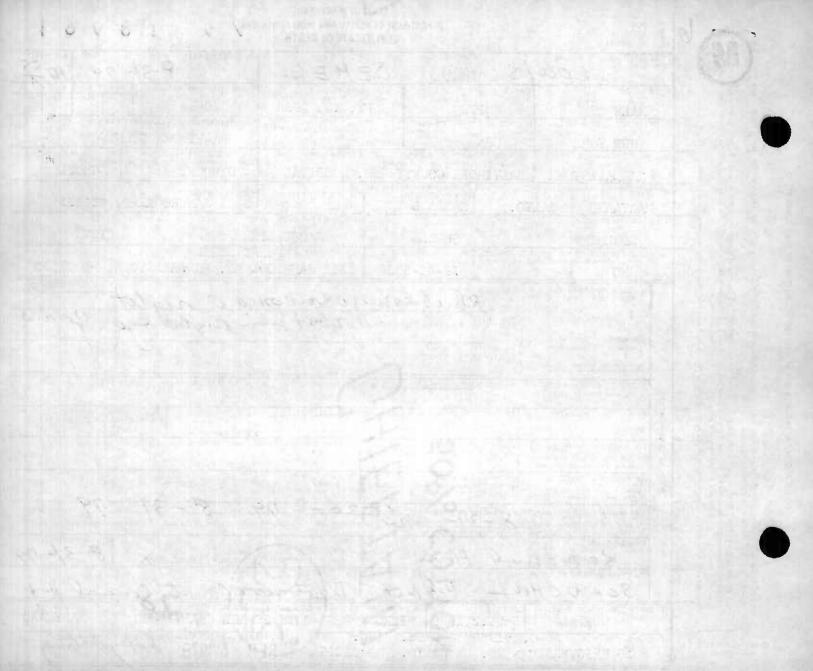
MARYLAND

LEGISTRAR'S SIGNATURE

5	130 STATE 13b COU	TO. RANDALLSTOWN	13d INSIDE CITY LIMITS?	3821 JANBR	OOK RD. #211:	33
C	14 FATHER'S NAME FIRST ROBERT	MIDDLE SEMEL	JACQUEL	MIDDLE	STERN	
	16a WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO 079-40-3250	ROD	ERT SEMELADDRE OK RD. RANDA		21133
	Canditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		d Right	iglit Hegy y	AATE INTERVAL INSET AND DEATH
7	PART 2. OTHER STGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERAT		200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (G\$ USED
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE ATWORK ATWORK ATWORK Sow the deceased alive or sow the deceased alive or	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) tal) ottended the deceased from	9 211. LOCATION	City OR TOV	VN COUNTY 3/, 19 79, 1	STATE hot (1) (we) lost
	obove, (1) (we) (did) (did no 22b. SIGNATURE	Ti view the body after death.	DEGREE ATTENDING	MEDICAL STAF	22c. DATE S	

23c. NAME OF CEMETERY OR CREMATORY

BP DHMH - 16 50M 7/77 (VRA 15 (4))



		FOR STATE REGISTRAR		RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	8 9	6 2
		OR PRINT) FLORENCE	MIDDLE L	SHAW	LAST	AUGUST 1,	1979	26. HOUR 5: 25P M
	3 SE	FEMALE	4 RACE WHITE		OF BIRTH BER 25, 1885	6 AGE (IN YEARS LAST BIRTHDAY) 93 YR	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
of or once.	C	RTHPLACE (STATE OR FOREIGN DUNTRY) PENNSYLVANIA TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNT USA 11. NAME OF HOSPITAL, NU	MARRII WIDOW RSING HOME		9 BALTIMORE COULD BALTIMORE COULD 120. USUAL OCCUPATION	NTY OF DEATH	MD OF BUSINESS OR
to be nowe	USU, 13a S	TOWSON ALRESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	RD. 21		TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE 13e STREET ADDRESS		
exominer min		MD. PENNA.	DREXEL MIDDLE WALKER		YES NO THE SMAIDEN NAME OF SMA	5533 WHITBY AV	E. ? "	sst
medical	16a V	VAS DECEASED EVER IN U.S. AR (IF YES, GIVI NO	MED FORCES? 166 SOCIALS WAR OR DATES) 181-38	3-3582	ELIZABETH S.	BRUDIN 5317 SE	21 RINGLAKE	212 WAY
ol, cremotion, ar ren or other troumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, ORAS A CONSI	וסיכרב	MOTIC CANDIDI	MECULAN DISC	ase le	tres.
iene prior to buri aws any injury, a	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF LAND 190. DATE OF OPERATION	An TONO ON TRIBUTING	اد الدي	5		YES, WERE FIND RTIFYING CAUSE	INGS USED
and Mental Hyg	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK AT WORK		19		RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2) COUNTY	STATE
Jept. of Health Hem 21 is mork		220.1 certify that (1) (this hospi	tol) attended the deceased from the body after death.		DEGREE	death occurred on the date and		that (I) (we) last e couses stated E SIGNED
with the State D		DOW JED C	O word RPRINT) O WOOD	m)	ATTENDING PHYSICIAN D		-1093	

23¢ NAME OF CEMETERY OR CREMATORY

ARLINGTON

23d. LOCATION
CITY OF TOWN

DREXEL HILL

PENNA.

COUNTY

BY REGISTRAR 256. RECOTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

MITCHELL-WIEDEFELD HOME

24 FUNERAL DIRECTOR

236. DATE

AUG.4,1979

ADDRESS

6500 YORK RD.

TO HOSPITAL

BP.

	A. Vandaling			
ev. T. t. a.a.		ATT NO SHARE		all and the
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and the second				Carried S
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. ya diri				
4.0				
A December 1982	COUNTY . RZHAZ	44 Bart-	2-18	

08-21-79

- STATE REGISTRAR

(TYPE OR PRINT)

BURIAL

24. FUNERAL DIRECTOR

BP

DHMH - 17 (VR A15 ME (5))

15M 7/76

SEX

Hazel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. N 20. DATE KNOWN XT MONTH 2h. HOUR OF ESTI-DEATH MATED Sheffield M: 1719 79 DATE OF BIRTH AGE IN YEARS IF UNDER 24 HRS 1:50 DATE YEAR LAST BIRTHDAY PRONOUNCED PM 8 17 19 79 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County, 20 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 2746 AUGUSTA AVENUE, 21227 LAST WAGNER ADDRESS SEVERN, MARYLAND SARAH L. HORNBERGER, 7854 SPRUCE ROAD APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

YES X NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

20 AUTOPSY?

MARYLAND

8/18/79

BALTIMORE CITY

111 Penn Street

250. DATE REC'D. BY REGISTRAR 25b. REQISTRAR'S SIGNATURE 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

LOUDON PARK

Head to Dankening Lot west that the first was a varie was a time a time.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

15

REG. NO 20 DATE OF DEATH MONTH YEAR 2b. HOUR D

FIRST MIDDLE I. DECEASED NAME LIVEE OF PRINT William. Langston 3 SEX 4 RACE

White

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Baltimore

MIDDLE

(IF YES GIVE WAR OR DATES)

136 COUNTY

76 CITIZEN OF WHAT COUNTRY?

FOR

REGISTRAR

Male

Cub Hill

14 FATHER'S NAME

est

13a STATE

7a. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

No

Virginia

Adolphus

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

Old Harford

13c CITY OR TOWN

Cub Hill

LAST

Shelton 5 DATE OF BIRTH MONTH DAY

LAST

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

AGE (IN YEARS LAST BIRTHOAY) VEAD

1890 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County 120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

176 KIND OF BUSINESS OR ostal Clerk

.S.PostOffi 13e. STREET ADDRESS 9026 Old Harford Road

13d INSIDE CITY LIMITS? NO K

DIVORCED

15. MOTHER'S MAIDEN NAME FIRST

MIDDLE J

Goodal1

IF UNDER 24 HRS

HOURS

Ruth Shelton 166 SOCIAL SECURITY NO. 17 INFORMANT

214-38-8904 IMrs. Ruth Tagg

ADDRESS

9244 Smith Avenue

IF UNDER I YEAR

DAYS

18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE	y one coose per and to the few one term	BETWEEN ONSET AND DE
	E CAUSE (a)	
Conditions, if ony, which	DUE TO OR AS A CONSTQUENCE OFFICE OFF	
gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS CONSEQUENCE OF LINE LINE .	
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I(o)

CERTIFICATION

19a DATE OF OPERATION	1%. CONDITION FOR WHICH C	PERATION WAS PERFORMED
71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY

236. DATE

22a.I certify that (I) (this hespital) attended the deceased from

NOT

20a AUTOPSY?

YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

70b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

NO F

21d. INJURY OCCURRED NOT WHILE AT WORK

sow the deceased alive on.

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

P.M. 71ª PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19

21f LOCATION

CITY OF TOWN COUNTY

226 SIGNATUR

8-16 above, (1) (me) (did) (did not) view the body after death

DEGREE

228 ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

25a. DA雅

STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

23s. BURIAL CREMATION, REMOVAL

Burial 24. FUNERAL DIRECTOR DHMH - 16 25M

ADDRESS Lassahn Funeral Home

HOUR A.M. MONTH DAY YEAR

7401 Belair Road

23d. LOCATION Parkwood Cemetery

Parkville

0100

and that in (my) (ppinion death occurred on the date and hour and from the causes stated

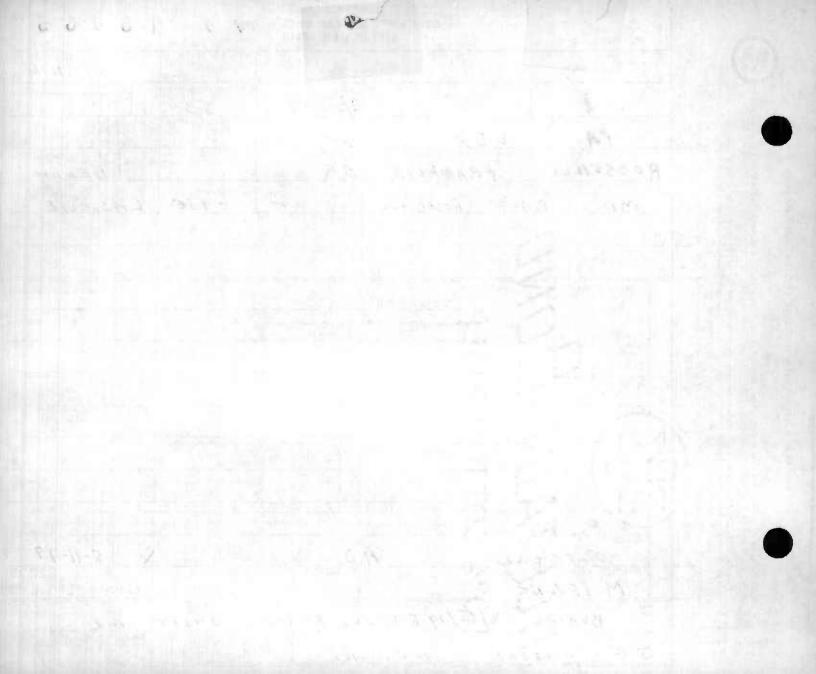
Baltimore Md.

256. REGISTRAR'S SIGNATURE

(VR A 15 (4)) 9/74

BP.

. H. Carlotte Carlotte Carlotte · 中国内的规划的 (1885年)



DHMH - 16 50M 7/77 (VR A 15 (4))

			STATE OF MARYLAND	Pri/ 2	1 0 0	1 1
1.	FOR . STATE	DEPA	RTMENT OF HEALTH AND MENT		187	0 0
	REGISTRAR		CERTIFICATE OF DEAT	A REG.		
	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	Clar		SHESKA	August	13 1979	4:45A ^
3. SEX	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YEA MONTHS DAY:	
F	emale -	White	6 30 2		YRS.	HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF DEATH	
	faryland	USA	WIDOWED DIVORCE		more County	MI
10. CI	TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	ON 12a USUAL OCCUPA	TION 126, KIND	OF BUSINESS OR
	Towson	St. Joseph Ho		Press Or		ternEle
USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)			OCTIMAL
13a S		timore Perry			air Road	
	THER'S NAME	ormore kerry	15. MOTHER'S MAIL		arr Road	
h	Michael	J NOT	vak Ella	WIDDLE		AST TO T
160 \	VAS DECEASED EVER IN U.S. A			ADD	QFSS	Rush
(YE	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				
L	No	215-	16-2170 John F	Sheska 8	13 Belair	
	PART I. DEATH WAS CAUS		ic failure		BETWEE	XIMATE INTERVAL N ONSET AND DEATH
	I MARDI	ATE CAUSE (0)				
	27/5	DUE TO, OR AS A CONSE			Line balls	
1.0	Conditions, if any, which gave rise to immediate	(b) pc	rtal cirrhosis			
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF			
		(c)				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART	1(0)
CERTIFICATION	19s DATE OF OPERATION	Link CONIDITION FOR WA	IICH OPERATION WAS PERFORMED	Z0a AUTOPSY?	206. IF YES, WERE FIND	
5	198 DATE OF OPERATION	148 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	ZUB AUTOPST:	100 IF 163, WERE FINE	NICC LICED
- E					IN CERTIFYING CAUSE	S OF DEATH?
1 111			A) 110 min 1	YES 🖹 NO	YES 🗀	INGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY	YES X NO OCCURRED (ENTER NATURE OF IN.	YES 🗀	S OF DEATH?
	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	-47	YES 🗀	S OF DEATH?
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	-47	YES [] URY IN ITEM 18, PART 1 OR PART 2)	S OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF D	P.M. 21 • PLACE OF INJURY	DAY YEAR 19 211 LOCATION STREET	OCCURRED (ENTER NATURE OF IN.	YES [] URY IN ITEM 18, PART 1 OR PART 2)	S OF DEATH?
MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (In) has hos	HOUR A.M. MONTH P.M. 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION STREET	OCCURRED (ENTER NATURE OF IN	YES	STATE , that (we) las
MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (In) has hos	HOUR A.M. MONTH P.M. 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION STREET	OCCURRED (ENTER NATURE OF IN.	YES	STATE , that (we) los
MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M. 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION STREET	OCCURRED (ENTER NATURE OF IN	VES URY IN ITEM 18, PART I OR PART 2) OWN COUNTY , 19 79 dote and hour and from th	STATE , that ** (we) lase e couses stated
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MEDICAL	OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that OF the has saw the deceased once obove. (K (we) (did) 10005 22b. SIGNATURE	PATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 711 LOCATION STREET TO ,)9, 9 TO , and that in my) (our) (our) DEGREE ATTENN PHYSIC 22e ADDRESS	OCCURRED (ENTER NATURE OF IN CITY OR TI 79 , to 8/13 opinion death accurred on the	VES UNY IN ITEM 18, PART I OR PART 2) DWN COUNTY 19 79 dote and hour and from the Clan Mark Section 18, 19 10 10 10 10 10 10 10 10 10 10 10 10 10	STATE , that ** (we) lost e couses stated E SIGNED 13/79
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WEDICAL STATE OF THE STATE OF T	OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK 22d.1 certify that OF (the has sow the deceased above above. DK (we) I did 1 MGK 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	PATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF DITO) Objected the deceased from DITO VIEW the beautiful death. CORPRINT) M. D.	DAY YEAR 19 711 LOCATION STREET TO ,)9 9 79 and that in my) (our) DEGREE ATTENI PHYSIC 22e ADDRESS St. Jose 33c. NAME OF CEMETERY OF CREMA 6t. Joseph's Co	OCCURRED (ENTERNATURE OF IN CITY OR TO 79 10 8/13 apinion death accurred on the DING MEDICAL ST CIAN DIRECTOR PHYS Ph Hospital To ATORY 23d LOCATION CITY OR TOWN Fullert	VES ☐ URY IN ITEM 18, PART I OR PART 2) DWN COUNTY 19 79 dote and hour and from the lician ⊠ 8/ WSON, Md. 212 COUNTY COUNTY COUNTY COUNTY COUNTY	STATE , that X (we) lost e couses stated E SIGNED 13/79 04 STATE Md
WEDICAL 230. 8 (S	OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK 22d. Certify that OF the has sow the deceased of the cobove. IX (we) (did 1000) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE Samuel Lee, SURIAL, CREMATION, REMOVA SPECIFY)	PATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF DITO) Objected the deceased from DITO VIEW the beautiful death. CORPRINT) M. D.	DAY YEAR 19 211. LOCATION STREET TO 99 9 0 and that in (my) (our) of the physic 220 ADDRESS St. Jose 231. NAME OF CEMETERY OR CREMA St. Joseph's Co	OCCURRED (ENTERNATURE OF IN CITY OR TO 79 10 8/13 apinion death accurred on the DING MEDICAL ST CIAN DIRECTOR PHYS Ph Hospital To ATORY 23d LOCATION CITY OR TOWN	VES ☐ URY IN ITEM 18, PART I OR PART 2) DWN COUNTY 19 79 dote and hour and from the lician ⊠ 8/ WSON, Md. 212 COUNTY COUNTY COUNTY COUNTY COUNTY	STATE , that X (we) lost e couses stated E SIGNED 13/79 04 STATE Md

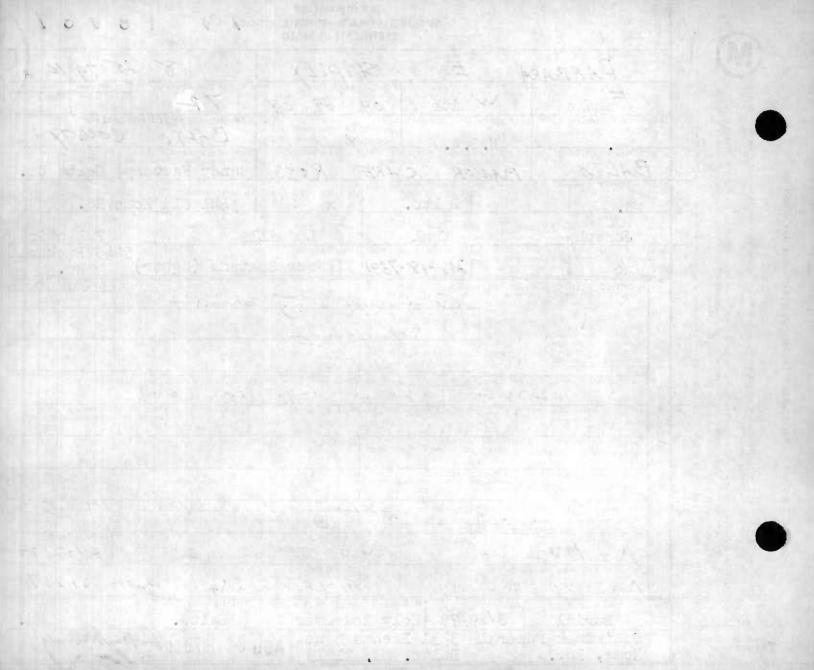
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Balto. Md.

STATE OF MARYLAND

FOR

Home, Inc.



1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAX

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

BELLEVIEW & GOZEGO BELLEVIEW & CONTROL & CONTR That is a second of the second THE RESERVED AND THE REAL PROPERTY. A STATE OF THE STA so to p or all the second and the second at . All property of the Read of the Control of the ductor LOS AN ESCUE DEBI Diete Males In Bos II and An a Fish of some Manager

6	FOR 1 - STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 7 9 REG. NO.	8 9 6 9
2y be age 3 death		HEL Lee SH	ok T	8-24	-79 4 50 M
er, p	3. SEX Female	4. RACE White 5. DATE O	5, 0AY 1910	6. AGE (IN YEARS LAST BIRTHDAY) 99 YRS.	IF UNDER (YEAR IF UNDER 24 HRS
O(N) 35	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	76 CITIZEN OF WHAT COUNTRY? 8 MARRIEL WIDOWE	DEVER MARRIED DEVER DIVORCED	Balto. Coun	
Posting Paris	Baltimore	11. NAME OF HOSPITAL, NURSING HOME C HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Balto. County General		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI MACHINE Uph.	126. KIND OF BUSINESS OR BOOK Binding,
AND 215	130, STATE , 131 COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NIY O. City, Baltimore.	13d INSIDE CITY LIMITS?	3805 Glenarm Av	ve.
MARYL ed within and 2 st	David M. G	MIDDLE Hegster	15. MOTHER'S MAIDEN NAM Mary FIRST	e Vinginia	Heavner
iMORE, se execut n and co Pages 1	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO.	Mrs. Doris Je	an Ekstrom, 322:	chester, Md 2 Boone Dr. 21102
805, 201 W. PRESTON ST., is equires that the death certific signed by the attending phy. Then please remove carban parts buried, cremation, ar remanilary, or ather traumatic even nivry, or ather traumatic even	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (c) OUDITIONS CONTRIBUTING TO DEATH BUT	with her	pancilas potic and gretastas Nal Disease or CONDITION GIV	YEN IN PART 110.
At RECOI	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO		YES NO KK YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir - attending physician. fiter this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b arked at them 18 shaws any injury	21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DE UNE ETIMER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY	21f. LOCATION	D (ENTER NATURE OF INJURY IN ITEM 18, F	
HOSPITAL OR ATTENDING by the hospital or sined by the hospital or FUNERAL DIRECTOR. A suid be detached for use in the State Dept. of Heal is moortant. If hem 21 is moortant.	AT WORK AT WORK 1220.1 certify that (1) (this hasp	ital) attended the deceased fram 19 79, or the bady after death.	STREET 90 - 19 7 9	CITY OR TOWN 1, to 3 -94 - eath occurred on the date and had MEDICAL STAFF DIRECTOR PHYSICIAN County Sener	19 79, that (1) (we) last ur and from the causes stated 22c. DATE SIGNED 8 -24-19 HOS h, 40
Bb———	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 23c. NAME OF C 8/27/79 Hillered	EMETERY OR CREMATORY st Burial Park	- CONTROL CONTROL OF THE	elegany Maryland
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR H. Wäyne George	202 Greene St. Cumberl	Land 50 Nd. AUG	REC'D. BY REGISTRAR 11 1979	TRANSPIGNATURE

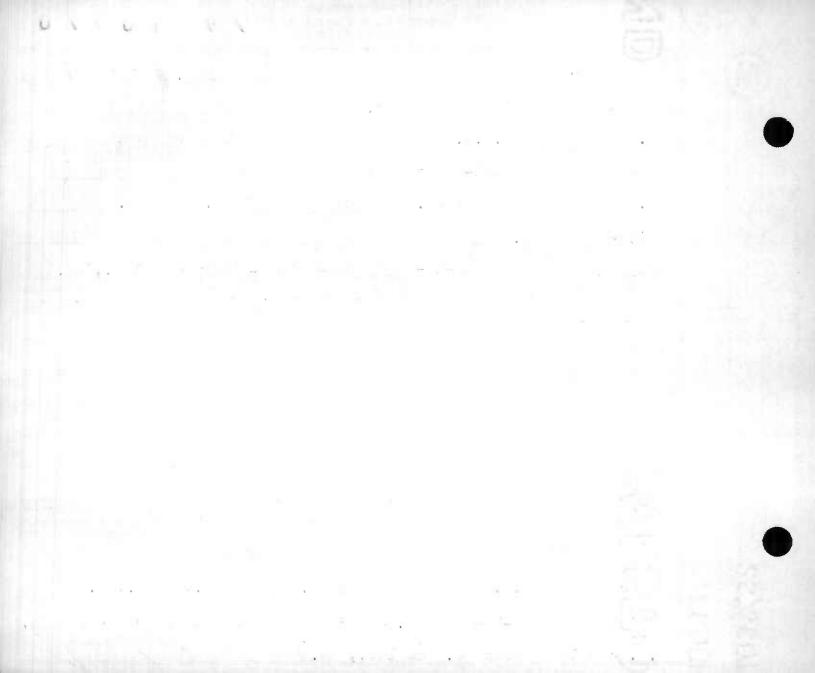
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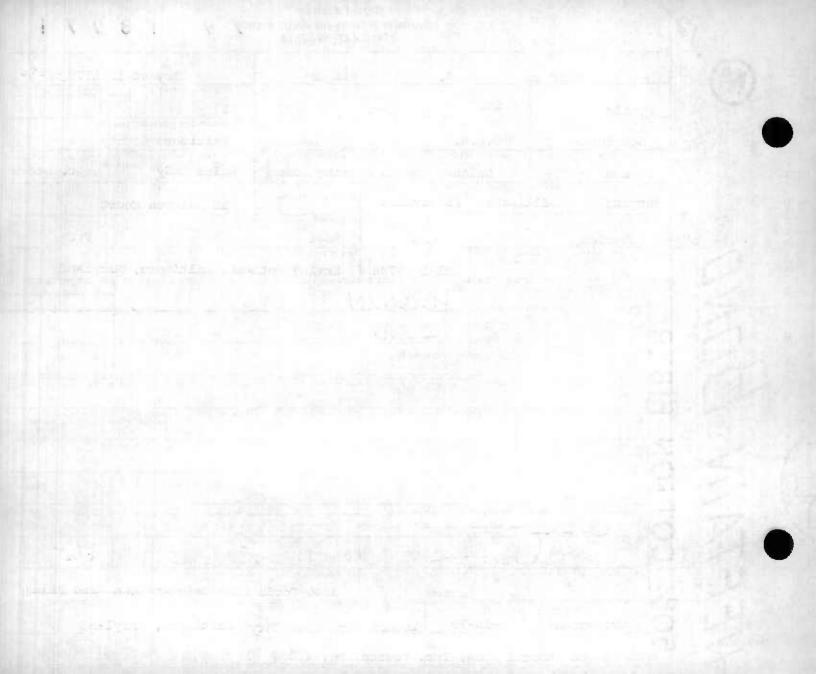
H.W. Jenkins & Sons Co.



Ruck Towson Funeral Home, Inc. Towson, Md. 212041161

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VR A 15 (4))



	L	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	914
	1. DE	CEASED NAME FIRST JAMES	GEORGE	SLATER	20 DATE OF DEATH MONTH DAY	79 4:12P
	3. SE		A RACE Negro	5 DATE OF BIRTH 9-12-1928 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
touce.	- (IRTHPLACE (STATE OR FOREIGN OUNTRY) ry Land	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
Striked Parking	F	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 6701 N. CHAR	IG HOME OR OTHER INSTITUTION ADDRESS) GBMC	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Truck Driver	12b. KIND OF BUSINESS OF
355	USU 13a M	AL RESIDENCE (IF NURSING HOMEO STATE POUR aryland P. (R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	arlbertes No	3911 ADDRESS hie Re	pad
exomine (1)	14 F	Emory Sla		15 MOTHER'S MAIDEN NA Louise P	inkney	LAST
2			RMED FORCES? 166 SOCIAL SECU 212-24	-3985 Agnes L.Sl	Baltimore, ater 3000 Thran	Md. #6
ijury, or other troumotic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	INCE OF TONSIL TONSIL TO THE TERM	IINAL DISEASE OR CONDITION GIVEN	NIN PART 1(0)
m 18 shows ony in	AL CERTIFICATION	190. DATE OF OPERATION 08/01/79 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA		LOW PO20 YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO NO ORPART 2)
rked or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
0		22a. I certify that (I) (this hosp sow the deceased alive or	ital) attended the deceased from	07/24 19 79	08/0819	79, that (I) (we) los
n 21 is m		sow the deceased alive or above, (I) (we) (did) (did no	08/08 19/	, and that in (my) (our) opinion	deoth occurred on the dote and hour o	nd from the couses stated
VT: If Item 21 is m		obove, (I) (we) (did) (did no	of view the body after death	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	22c. DATE SIGNED
IMPORTANT: If Item 21 is m		obove, (I) (we) (did) (did no	DR PRINT) CATRIN	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	221. DATE SIGNED 08/08/79

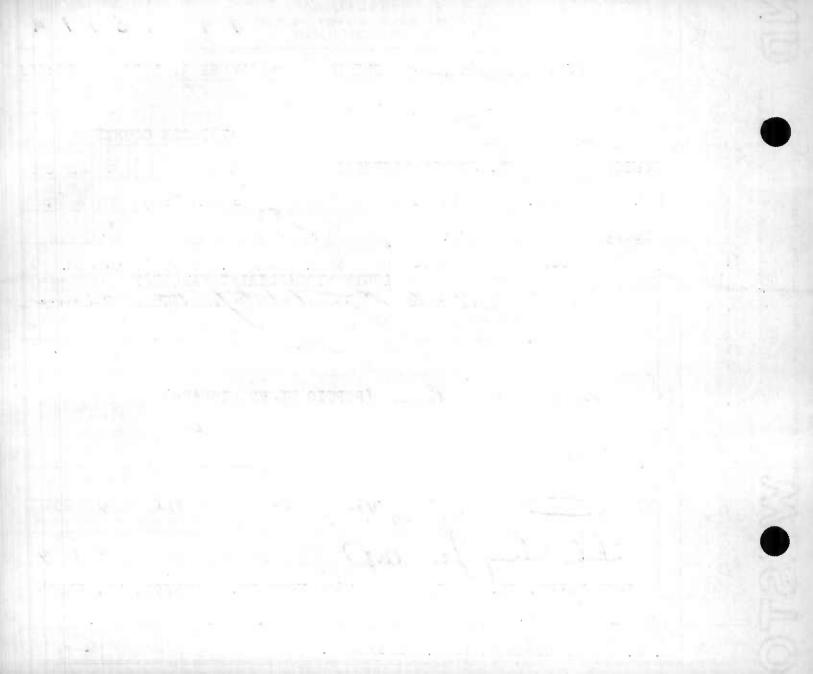
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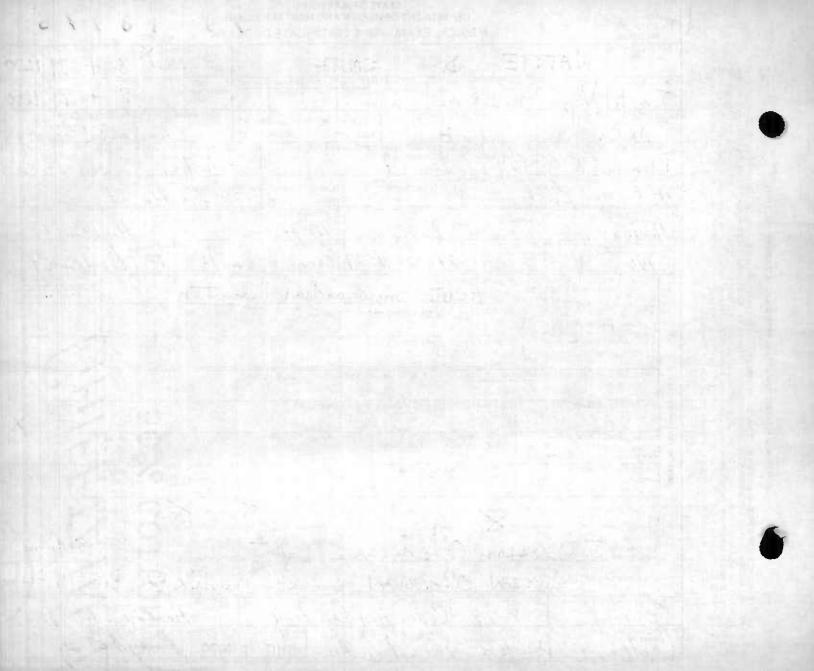
		STATE	OF MARYLAND			
1.	FOR STATE REGISTRAR			, ,	189	13
		MIDDLE	ST	20 DATE OF DEATH "	MONTH DAY YEAR	26 HOUR
	JACK	Sì	MITH	August 17,	1979	2:55 P
3. SE	(6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
	Male			73	YRS.	HOURS MIN
7a 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	M NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
				Baltimore	County	N
10. C	TY OR TOWN OF DEATH		R OTHER INSTITUTION			OF BUSINESS OF
. '	Towson		ical Center	Civil Engl	inger Gova	t'
130. S	aryland Bald	timore Ruxton	YES NO 1	ME		
1	111.11. 0 0	IDDLE LAST	/0 ///	MIDDLE	LA	ST
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT		SS	
		WAR OR DATES) 081_20_72/10	M U . I	0 0 3	Ruxview Ct.	21204
		y one cause per line for (a) (b) and (c)	THE HELEN	. Smith 2.	APPROX	CIMATE INTERVAL
	BARTI BEATHLING CALLES	man and a second a	diomegaly			nonths
	4)93 IMMEDIATE					
	Canditions, if ony, which	(h)				
	gove rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUENCE OF				
	underlying cause lost	(c)				
Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but i	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	(a)
TIFICATIO	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED S OF DEATH?
_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
0	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION			
WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	N COUNTY	STATE
ME	22a. I certify that K (this haspite	ol) oftended the deceased from Augus	st 16	, toAugust_	17 19 79	that X (we) la
ME	220.1 certify that K (this haspite saw the deceased alive an above. X (we) (did) (XXXX)	ol) oftended the deceased from Augus		, toAugust_	17 19 79	that X (we) la
ME	AT WORK - AT WORK	ol) oftended the deceosed from August August 17 19 79 , and well with body offer death.	St 16 , 19 79 d that in (KK (our) apinion c	, toAugust deoth accurred on the dat	17 , 19 79 , te and hour and from the	that X (we) last causes stated
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DIVISION OF VITAL RECORDS,



DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR 1. ACE 1. DATE OF BIRTH DAY YEAR 1. LAST BIRTHDAY) 70. DATE KNOWN MONTH DAY YEAR 1. LAST BIRTHDAY) MONTHS DAYS MONTH DAY PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED 10. CITY OR TOWN OF DEATH 11. NAME OF MOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOTH OLD AC) 120. CITY OR TOWN OF DEATH 11. NAME OF MOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOTH OLD AC) 130. STATE 130. STATE MIDDLE 14. FATHER'S NAME MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH REG. NO. 170. DATE KNOWN MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH REG. NO. 180. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH MATED 8 MONTH PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTRY FOR MOST OF WORKING LIFE 181. ACC IN YEAR 182. LAST 183. STREET ADDRESS FIRST 184. FATHER'S NAME 185. MOTHER'S MAIDEN NAME FIRST MIDDLE 185. MOTHER'S MAIDEN NAME MIDDLE 186. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH OF ESTI- DEATH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH REG. NO. 180. AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH	K COUNTY
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(YES, M. PRINKNOWN) (IF YES, GIVE WAR OR DATES) 246-20-4527 Darrice Smith 1296	nden Ct.
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
4/0 - (DUE TO, OR AS A CONSEQUENCE OF)	
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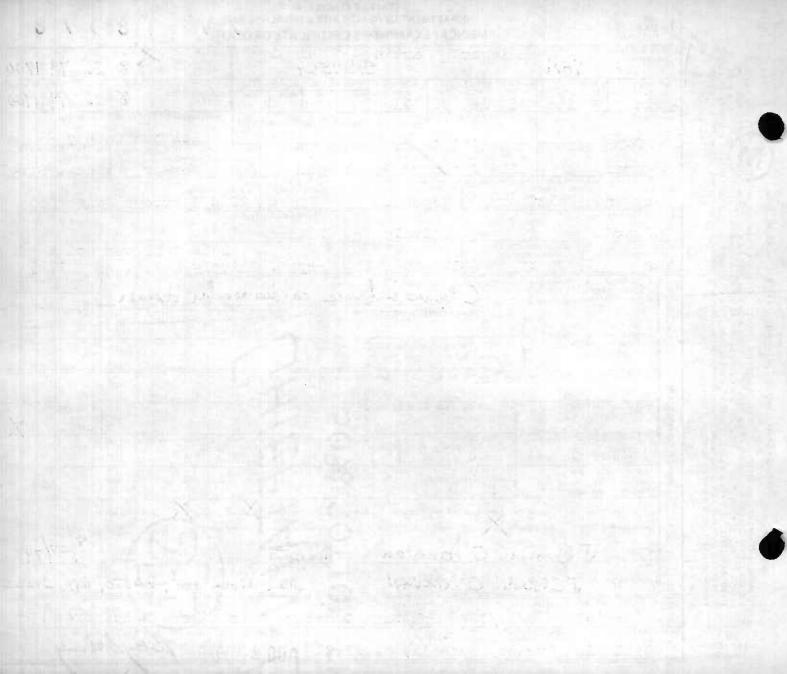


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×	1	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENT 9	18976
4) M E	I. DE	CEASED NAME Stephani	.e	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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BALTIMORE, interpretation and capers. Pages 1901.	· `	no	THE WAN ON DAILES	None	Craig M. S	mith Sa	ame
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201 W. PRESTON es that the death ce ed by the attending please remove carb unal, cremation, ar a		Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost.	(c)	R AS A CONSEQUENCE C			
	NOI		T CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER.		DITION GIVEN IN PART 1(6)
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO
DN OF VIT A INSTITUTE OF A INSTITUTE		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	BEATH HOUR A.	M. MONTH DAY YE	AR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
VISIG G PH G PH er thi s the I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211. LOCATION	CITY OR TO	VN COUNTY 'STATE
DIN DIN DE SE DE S		22a.1 certify that (1) (this has	pital) attended th	ne deceased fram 8	/16 19 79	10_8/16	, 19 79 , that (1) (we) last
ATTEN ospital eCTOR d for u t. of He m 21 is		saw the deceased alive a above, (1) (we) (did) (did)	on 8/16		, and that in (my) (aur) apiniar	death accurred an the d	ote and hour and fram the causes stated
유 수 교육 수 후		226. SIGNATURE	1		DEGREE		22c. DATE SIGNED
1 t 1 t 2 T 1		Muc	4		ATTENDING PHYSICIAN	MEDICAL STA	8/17/79
HOSPI ined b runer vid be n the Si		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		
TO HOSPITAL retained by 1 TO FUNERAL should be det with the Sine		Charles C.			6701 N. Cha	erles St., B	alto., MD 21204
27/2 BP		BURIAL, CREMATION, REMOVA SPECIFY) Cremation		11070	of CEMETERY OR CREMATORY nmount Cremato	CITY OR TOWN	ce, Md
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Vandiever MIDDLE Martin KNOWNY 2a. DATE 7h HOUR (TYPE OR PRINT) OF ESTI-8 SNIVELY 4. RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Male White 16 08 DEAD 71 YRS 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Indiana U.S.A. WIDOWED [DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Edgemere Sparrows Point Road Steel Worker Beth. Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 113b COUNTY 134 INSIDECITY LIMITS 13e. STREET ADDRESS Baltimore Maryland Edgemere 2328 Sparrows Point Road NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, FORM PM MIDDLE LAST MIDDLE Edward Snively Florence 9 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 2328 Sparrows Point Rd. (IF YES, GIVE WAR OR DATES Yes WW II 310-10-1920 Snively-Balto. MD 21219 Mary CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL YES | 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING TO CAUSE OF DEATH P.M PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET AT WORK AT WORK WHILE NOT WHILE CITY OR TOWN CONNTY STATE DIRECTOR 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian ARYLAND, Natural causes Hamicide Undetermined manner PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, DATE MEDICAL EXAMINER TIMORE BALTO. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Baltimore, MD Burial 8/30/79 Oak Lawn Cemetery BP 24. FUNERAL DIRECTOR Duda-Ruck Inc. 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 7922 Wise Avenue, Dundalk, MD 21222 15M 7/77



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So	RTIFE IG TH SHOU SHOU	DIC	CONTRIBUTING 21d. INJURY OCCU	RRED		FINJURY (AT HOME,	21f. LOC.	ATION				
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	E. THIS BRWARE PAGE STATE		AT WORK AT	WORK					4-4		2.91	
	R ⊢ O ~		22a. I certify tha	t I taak charge af	the remains desc	ribed abave, held an	Autopsy	Inspection	Inquiry 2	and in my o	pinion	
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	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, MA		(TYPE OR PRINT)	K.S	HHLI	JWALI	/7_A	DDRESS 2/17	- Dund	alk of	O Bal	12122
	PA P	23e.B	JRIAL, CREMATION			23c. NAME OF CE			23d. LOCATION	co	UNTY	STATE
	BP		Buri		7/1/79	Sacred	Ht.	of Jesus	Baltimo	re, Balt:	imore, N	4D
	DHMH - 17		INERAL DIRECTOR			c.		250. DATE	EC'D. BY REGISTRAR	250. WESTS BAR'S	Milled and	
	(VR A15 ME (5)) 15M 7/77	7	922 Wis	e Avenu	ie, Dun	dalk, MD	212	22 36	0 1373	. /		

You A server are the service and an order The charge A SK I LILL THE WALLEY WALLEY AND A ould be filed

injury, or other troumotic event, th

should be detoched for use as the burial-transit permit. Then please remove carban with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or rem certificate has been

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	REGISTRAR				CERTIF	ICATE OF DEAT	н	REG.	NO			Dull - F
	CEASED NAME	FIRST	٨	AIDOLE	l	AST	2	a DATE OF DEATH		DAY	YEAR	2b. HOUR
11199	M.	lary Ann	Sout	hard					8	21	1979	
3. St		4. RA			5. DATE C			AGE (IN YEARS LAST B	IRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
	Female		W	hite	10	7 189I	rear	87	YRS	MONIE	DAYS	HOURS MIN
	IRTHPLACE (STATE OR FO	DREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	8	XX NEVER MARRI	IED 7	BALTIMORE CITY	OR COUN	TY OF	DEATH	
	Virgin	ia	USA		WIDOWE			Baltimo	re Co	ount.	y	MD
	Rockdale	(IF NOT IN SUC	TOSPITAL, NURSINI B FACILITY, GIVE STREET A BBIE Plac	ADDRESS)	OR OTHER INSTITUTI	(20. USUAL OCCUPA TYPE OF WORK FOR MOS Homemaker	OF WORKING	S LIFE) IN	26 KIND O NDUSTRY	F BUSINESS OR
USU 13e. :	AL RESIDENCE (IF NURS STATE MD	ING HOME OR OTHER 136 COUNTY Baltim		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Rockdale	N	13d INSIDE CITY LIV		e STREET ADDRESS		Pla	ce	
14. F/	Newton	MIDDLE		Nicholson		15 MOTHER'S MAII FIRST	IDEN NAME	Unknown		4	LAS	iī .
(NAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR		228-16-9		17 INFORMANT M 3412 Abbi	rs. Ne e Plac	ellie Hûn ce. Balti	gerfo more.	rd MD	2120	7
NO	Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediote g the lost	(c)	R AS A CONSEQUE		NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CO	NDITION G	SIVEN IN	V PART 110	5)
CERTIFICATION	190 DATE OF OPERAT	ION	19b. COMDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a. AUTOPŠÝ?	IN CER	YES, WE	RE FINDING CAUSES	OF DEATH?
MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	199	M. MONTH DA	Y YEAR	3-11-53	OCCURRED	(ENTER NATURE OF IN			OR PART 2)	
MED	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	BILE [PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	711 LOCATION		CITY OR T	OWN	CI	OUNTY	STATE
	22a.1 certify that (1) sow the decease abave, (1) (we)	d aly@an	8	19 19	9/2	19 ad that in (my) (our)	opinion dec	oth occurred an the	dote and h	, 19 nour and		that (I) (we) last causes stated
	226. SIGNATULE	H	7				IDING ICIAN [] [MEDICAL ST DIRECTOR PHYS	AFF ICIAN		22c. DAJE	21/79
	Dr. How	nd cylin	er	788		22e. ADDRESS 5310 01	d Cou	rt Rd., R	andal	lsto	own,	MD 2113
23a. I	BURIAL, CREMATION,	REMOVAL TH	b DATE	23t. N	IAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUN	чтү	STATE

TO FUNERAL DIRECTOR:

TO HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))

Burial 8/22/79 Woodlawn Cemetery

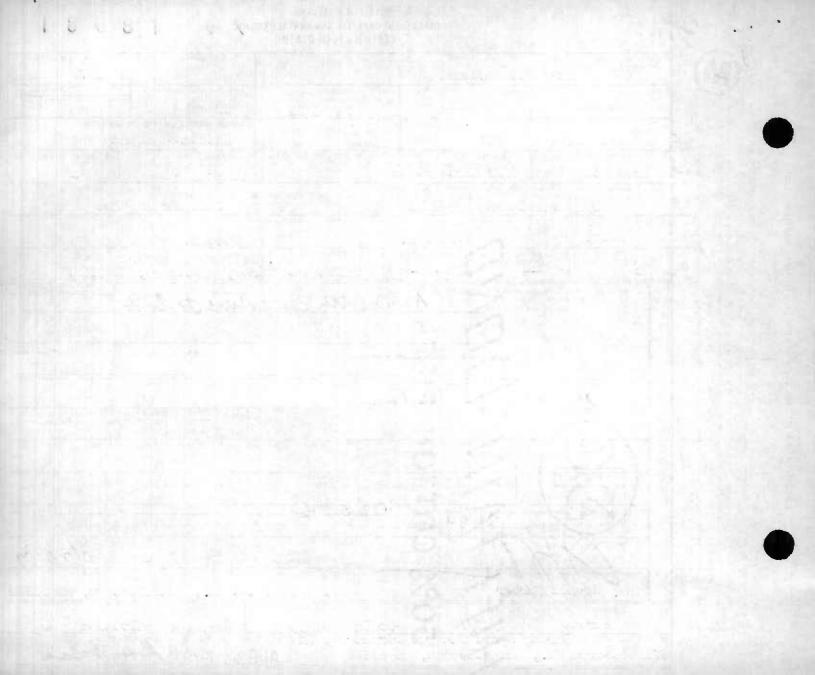
14 FÜNERAL DIRECTOR Loring Byers Funeral Directors, PA 1250 BA

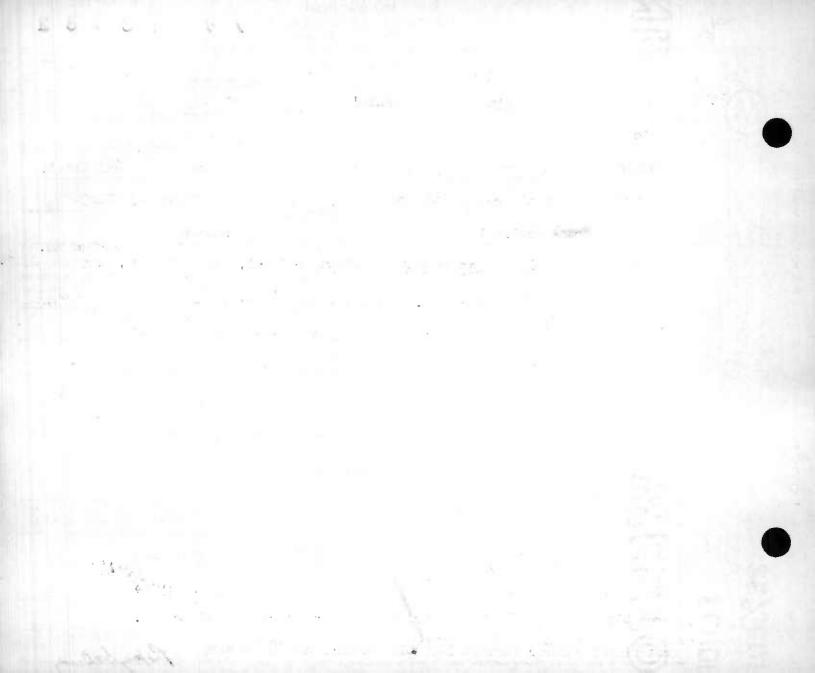
8728 Liberty Rd., Randallstown, MD 21133

Woodlawn

STATE

Raltimore





	oge 4	irector, urs aft
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, should be detached for use as the buriol-tronsit permit. Then please remove carbanpapers-Pages 1 and 2 should be filed within 72 hours after
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AND 21	n 24 hou	filled in
MARYL	ed within	mpletely and 2 sh
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	eath cert	tending e carbar
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or attending physicion.	TO FUN
	BP	

	1.	FOR STATE 9/24/79 CREGISTRAR		e g 5	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	, ,	8 9 8 3
(M)	(TYPE	CEASED NAME FIRST OR PRINT) / Natalie(NETTIE) L.	Spaldi		REG. NO. 20 DATE OF DEATH MONTH August 25, 197	
ctor.	3. SE	FEMALE	4 RACE	ASIAN	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER MI HRS
deoth. Page 4 unerol director nin 72 hours af	MA	RTHPLACE ISTATE OR FOREIGN OUNTRY]	76. CITIZEN OF	WHAT COUN	TRY? 8 MARRIE WIDOW	ED NEVER MARRIED DED NORCED	9 BALTIMORE CITY OR COUNT Baltimore Cou	nty MD.
by the filled with	F	OSSVILLE	FRANK	LIN SO	QUARE	OR OTHER INSTITUTION HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IZE KIND OF BUSINESS OR INDUSTRY HOSPITAL
filled in nould be	130. S MA			131. CITY OR ROSE	TOWN	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 1218 PRIMROS	SE AVE.
impletely and 2 st	14 FA	EDGAR	WIDDLE	Sour	IIH	IS MOTHER'S MAIDEN NA KATHERI		LAST
te be execut icion and co pers. Pages 1 al.	160 V	VAS DECEASED EVER IN U.S. AF (IF YES, GIV NO	RMED FORCES? E WAR OR DATES)		SECURITY NO. 01272	HOWARD SPA	ADDRESS LDING 909 VIRO	INIA AVE.
equires that the death certifico n signed by the ottending phys Then please remove carbon pag to buriol, cremation, or remove injury, or ather troumatic event,	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, O DUE TO, O DUE TO, O (c)	Cardio— OR AS A CONS OR AS A CONS	Pulmona EQUENCE OF	of left femo	st-Embolectomy ral. MINAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Clan. The low rephysicion. Physicion. Infricate hos bee altronsit permit. Intel Mygiene prior In 18 shows ony	AL CERTIFICATION	Priotony throm 10 Modern Wasunder I ing C OR CONTRIBUTING CAUSE OF DE	21b. TIME C HOUR A	femora of injury .m. Month	l arter		IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) PART 1 OR PART 2)
3 PHYSICIA intending phase in this certificate the buriol-trand Mental ced or Item 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE	M. OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDING PO med by the hospital or atter FUNERAL DIRECTOR. After th Juld be detached for use as the the State Dept. of Health and ORTANT: If Irem 21 is marked		22e. I certify that (this hasp sow the deceased alive or above. (we) (did) (did)	August wew the body	25	-om <u>Augu</u> 19 <u>79</u> , o	st 18 19 79 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [, to August 25 death occurred on the date and ho MEDICAL STAFF DIRECTOR PHYSICIAN	19_79, that fff (we) lost ur and from the causes stated 22c. DATE SIGNED 7/25/79
TO HOSPITAL of retoined by the TO FUNERAL should be detained the State IMPORTANT: IMPORTANT: IF	230 5	Marcia L. Va			73. NAME OF	9000 Frank	lin Square Drive	21237
BP	(BURTAL UNERAL DIRECTOR		8/79		N PARK	BALTO BALTO BE REC'D. BY REGISTRAR 256. REGIS	BALTO. MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	1	WACH FOR	the Pa	ach ADDRES	2//0/	To Be Of AU	G 2 9 1979	Credy

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	FOR - STATE REGISTRAR		MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO		3 9	8 4
I DE (TYPE	CEASED NAME FIRST FOR PRINT) Fred	WIDDLE	Speda		20 DATE OF DEATH		28,1979	2b HOUR
3 SE		4 RACE White	5. DATE OF MONTH	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	THDAY)	IF UNDER 1 YEAR	
ľ	IRTHPLACE (STATE OR FOREIGN OUNTRY) taly	76 CITIZEN OF WHAT COUNTRY? U. S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City o	e County	ty	
F	ITY OR TOWN OF DEATH ROSSVILLE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squ R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	are Ho		120 USUAL OCCUPATION OF WORK FOR MOST OF Barber	F WORKING LIFE		OF BUSINESS
Ma	STATE_ 13b COU	timore Carney	VN	13d. INSIDE CITY LIMITS? YES NO THE NO THE NAME OF THE	13e. STREET ADDRESS 8935 Wa	ltham	wood	ls Roa
J	oseph	Spedal i	ire	Nancy	WIDDLE		Agato	
	PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), or ED BY: TE CAUSE (o) Cardiac				Au l		onset and dea
	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) Myocardi DUE TO, OR AS A CONSEQUE (c) Arherosc	Arrest JENCE OF al inf: JENCE OF JENCE OF lencsis	arction			se mi	econds Inutes
NION	Conditions, if ony, which gove rise to immediate couse (a), stoffing the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CONDITIONS CONTRIBUTING TO	Arrest JENCE OF	Arction 3 NOT RELATED TO THE TERM			mi	inutes
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CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoffing the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) Myocardi DUE TO, OR AS A CONSEQUE (c) Arherosc CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE ATHEROSC 21b. TIME OF INJURY HOUR A.M. MONTH D	Arrest JENCE OF al inf: JENCE OF LETOSIS DEATH BUT N H OPERATION AY YEAR 19	Arction S OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY? YES	20b. IF YES, IN CERTIFY YES	mi mi en in part li , were finding ting causes	inutes NGS USED S OF DEATH?
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By REGISTRARIZED

9 1979

Aug. 31, 1979

Leonard J. Ruck, Inc. Baltimore, Maryland 21214

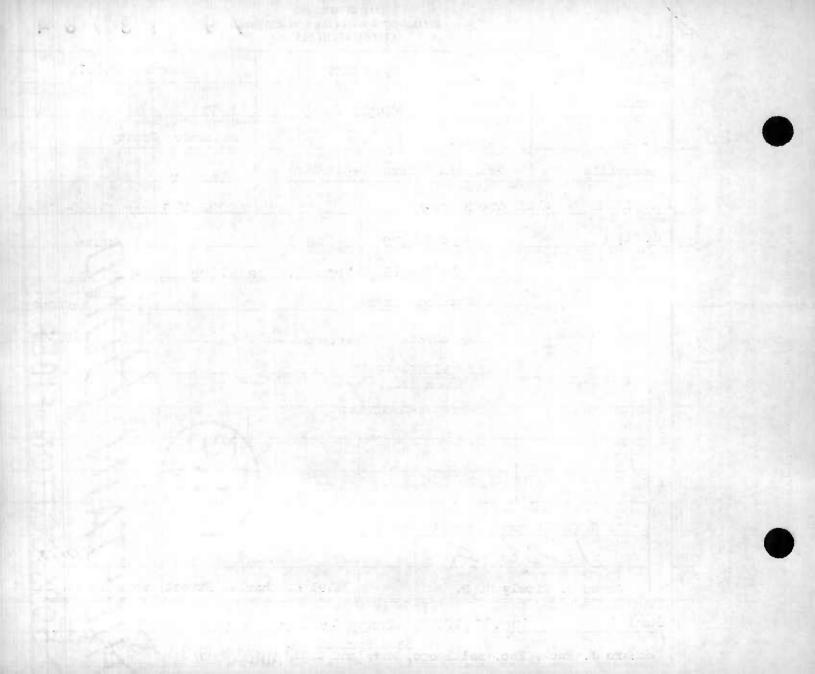
Dulaney

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DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

BP.



AUG

Duda-Ruck Funeral Home, 7922 Wise Ave., Balt MD

STATE OF MARYLAND

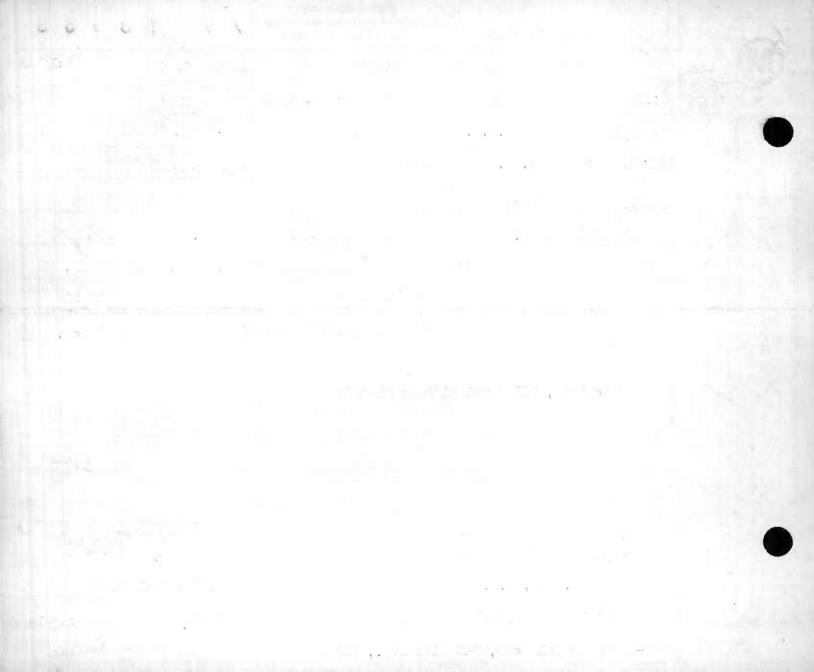
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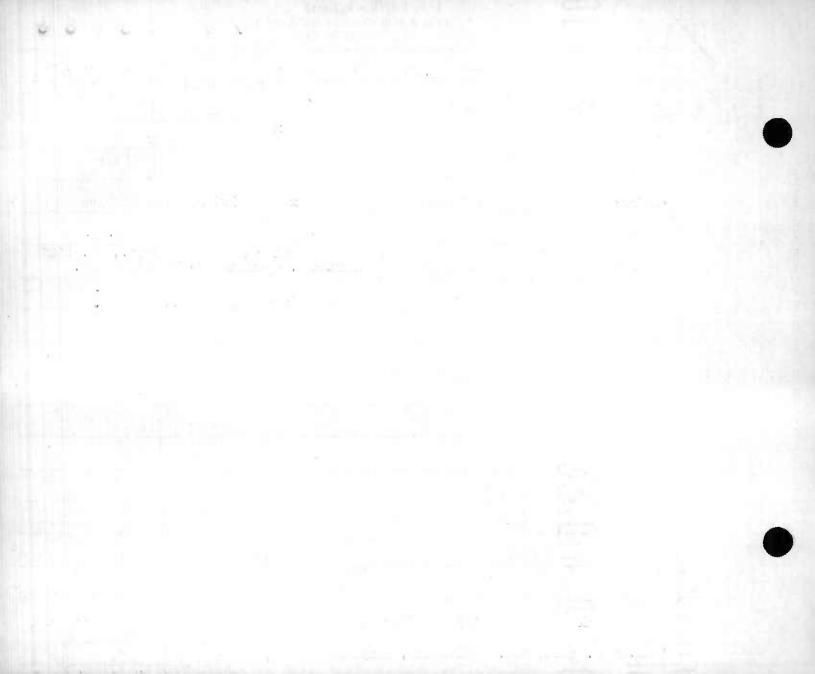
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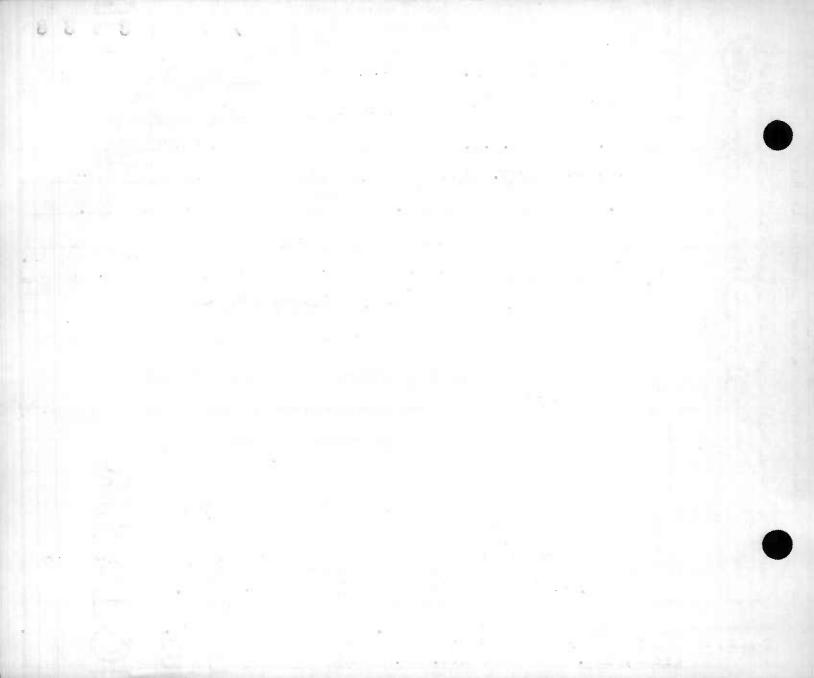


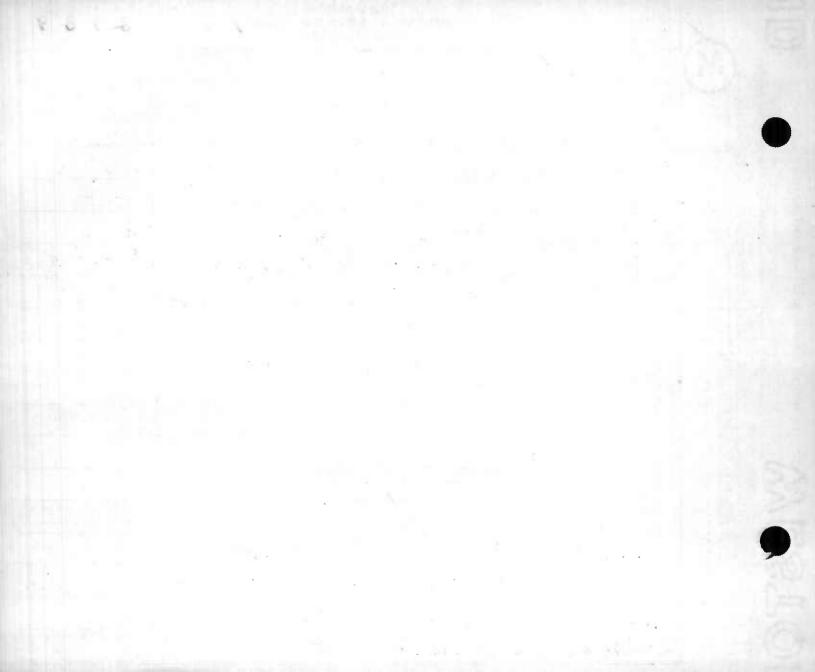


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(101)							aszak, S		H MATED	8 MONTH	30 19	
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日本日本を 1	M	ichig	an	U.S	S.A.			DRCED [Baltimo:			MD.
SESE?	1	ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING H	ESS)	ER INSTITUTION	12a USUAL OCC FOR MOST OF W	OBVINC HEEL		OR IND	USTRY
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CENTRAL B	14. F	ATHER'S NAA	ΛE	MIDDLE	LAST		15. MOTHER'S MA	AIDEN NAME	MIDDLE	237	EAST	
RE, ME		Stani	slaus		Stasza	ık	Anna	100		F	Roman	iak
	7 16g.	WAS DECEAS	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECT		17. INFORMANT		ADDRESS	416	S. I	mla St.
BALTIMORE, URS AFTER DE B. GIVE PAGE: C. PAGES 1, RM DIVISION OF	N	0			217-09-	8179	Helen	Staszak	В	alto		21224
			OF DEATH (Enter on DEATH WAS CAUSE	ly one couse per line)					BETWEEN (ONSET AND DEATH
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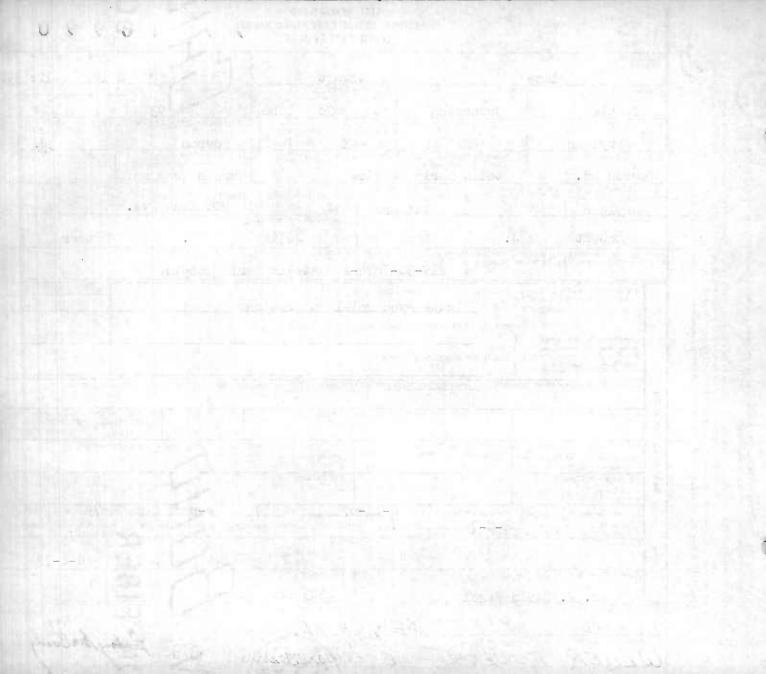
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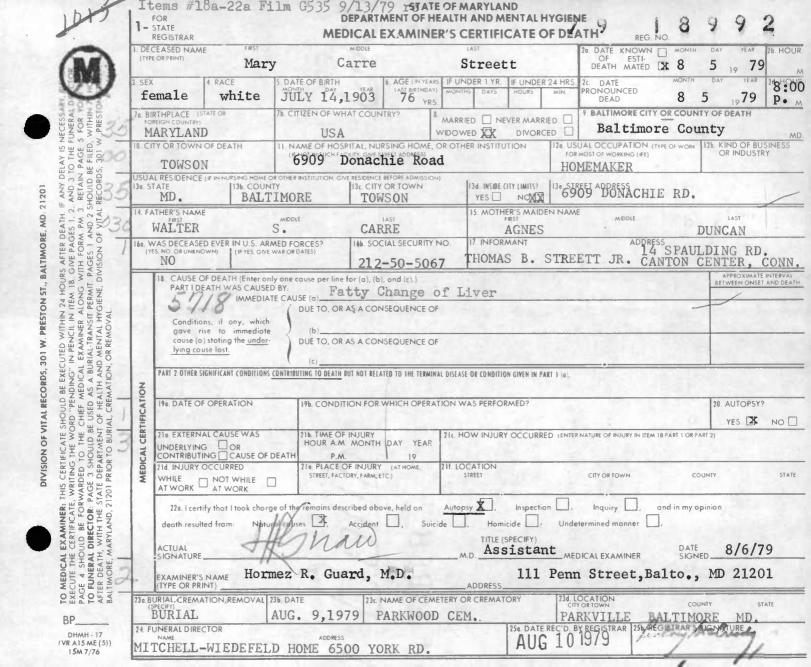


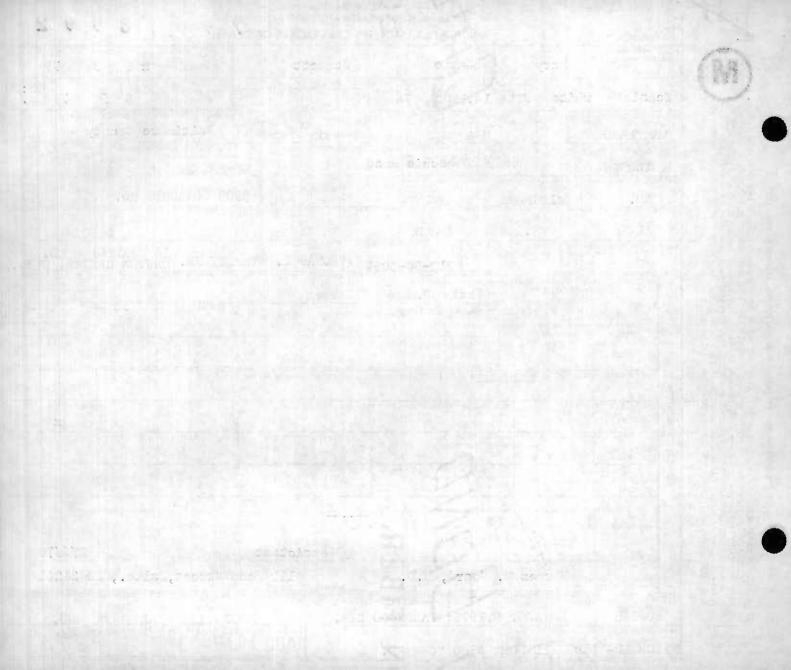


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Stella Maris Hospice	50									Butle	er
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BURIAL 8/10/79 NEW PTHEDRAL BAIT 11/10 RE	73	72 FI	INFRAL DIRECTOR	10/10	177 11	-17	ALLE PICH	E REC'D. BY REGISTRAR	25b. R5	MAN S SIGNA	A. C.
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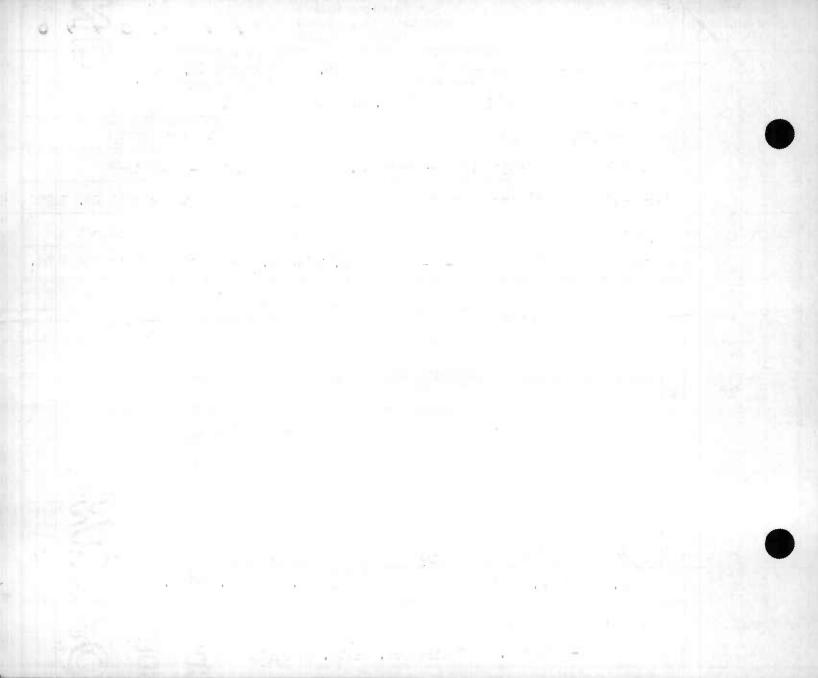


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME LAST 2g. DATE OF DEATH MONTH (TYPE OR PRINT) William John Strobel 3 SEX 4. RACE 5. DAJE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR DAYS HOURS Male White 19 01 In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Marvland TISA WIDOWED DIVORCED T Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rossville Franklin Square Hospital Brewer Schafer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? laryland Baltimore 3616 E. Northern Pkwy YES X NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE John MIDDLE Strobel Sophie Graper 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-05-4068 Clara V. Strobel No 3616 E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO P DIVISION OF VITAL 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this haspital) attended the deceased fram_ 19 74 ... that (we) lost 74 saw the deceased alive an and that in (my) (a) opinion death accurred an the date and hour and from the causes stated above, (A (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS d b Dr. John C. Hyle 7527 Belair Road 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY STATE 20/79 Burial Oaklawn Cemeterv Baltimore Essex Md. 24 FUNERAL DIRECTOR D'BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 25M (VR A 15 (4)) 9/74 7401 Belair Road Lassahn Funeral Home

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IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other traumotic event, the medical examiner must be natified of ance.

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					OF MARYLAND				
+	FOR STATE				EALTH AND MENTAL	1 (1	1 9	o o	0
(-)	REGIST		ME		R'S CERTIFICATE		REG. NO.	7 %	7
(M)	1. DECEASED	T)		MIDDLE	LAST	20. DATE KNO	OWN X MONTH	DAY YEAR	26 HOUR
No. of the last of			enjamin	Joseph	Taylors	on, Sr DEATH MA	ATED 3		M
- W. T. S	3 SEX	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY		ER 24 HRS. 2c. DATE MIN PRONOUNCE	MOM	DAY YEAR	10:55
ARY, P 1 DIRE YOUR N 72 H TON 5	male	white	9 12	25 53 YRS		DEAD	8 3	-	p. M
FOR YITHIN PRESTO	To BIRTHPLA	CE (STATE OR DUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	MARRIED X NEVER MAI	RRIED 9 BALTIMOR	ECITY OR COUNTY	OF DEATH	
	Mary	land			WIDOWED DIVO	RCED Balt	imore Cou	nty	MD.
PAGE FILED		OWN OF DEATH	THE NIGHT IN STREET SA	PITAL, NURSING HOME,	OR OTHER INSTITUTION	120 USUAL OCCUPAT	LIFET	GENERAL	
Q 4 4 9 //		t Howard		'A'' Avenue		Plumbe	er	Plumbi	ng
RETAIN P.	USUAL RESID	ENCE (IF IN NURSING HOMI		13c. CITY OR TOWN	134 INSIDE CITY LIMITS	13e. STREET ADDRESS			
まらむうろ	Mary		timore	Edgemere	YES NO	7835 No	th Cove	Road	
D 2 S	14. FATHER'S		MIDDLE	LAST	15 MOTHER'S MA	IDEN NAME		LAST	
	1 1110	jamin	MIDDLE	Krawczykow	ski Joser			Mila	
FORM ION OF	16g. WAS DE	CEASED EVER IN U.S. A		166 SOCIAL SECURITY			Worth Co	ove Ro	ad
SIO	Yes	, , , , , , , , , , , , , , , , , , , ,	II	217-12-57	36 Loretta	a V.Taylors	son-Balto	o. MD	21/19
DIVISIO		AUSE OF DEATH (Enter of	anly ane couse per line					APPROXIMATE BETWEEN ONSE	
PERMIT.	PA	RT I DEATH WAS CAUS	ATE CAUSE (a) Dr	owning				BEI WEEN ONSE	I AND DEATH
1 0 m 1 m	18	319 mmed		AS A CONSEQUENCE OF	1947				
		anditions, if any, which							
EXAMINE EXAMINE IAL-TRAN MENTAL OR REMO	co	ave rise to immedia ouse(a)statingthe <u>unde</u>		AS A CONSEQUENCE OF					
X 4 5 C	<u>ly</u>	ing cause last.	(a)					1 655	
ILEP MEDICAL EX ISED AS A BURIAL F HEALTH AND M C CREMATION, OR	PART 2	OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	PART 1 (n)			
ATI A									
J. CREA	210 E)	ATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY	?
	FE							YES 🔀	NO 🗆
BURIAL,	210 E)	TERNAL CAUSE WAS	21b. TIME OF		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	6.5	
PARTAENT O		RLYING OR RIBUTING CAUSE O	0 00	8/30 1979	subject dro	wned/boat st	ruck buoy		
DEPARTA PRIOR TO	V	JURY OCCURRED	21e. PLACE	OF INJURY (AT HOME,	211. LOCATION			1	
JE D	X WHILE	ORK AT WORK	STREET, FAC	TORY, FARM, ETC.)	Buoy#4, OldR	oad Barr Fort	Horand Po		STATE
STATE I									MD
で記述が	220	1. I certify that I taak cha	rge of the remains des		Autapsy X, Inspec	1	, and in my opir	non	
BUEL	deat	h resulted from: Nat	tural causes,	Accident X, Suici			er,		
MARY MARY	ACTU.		e- A U	Luck .	TITLE (SPECIFY)		DATE	0/0-	/70
RAL ATH E. W		ATURE	re the	11400	M.D. Assista	nt MEDICAL EXAMINE	R SIGNED	8/31	119
NOR NOR	EXAM	INER'S NAME MOST	omito A T	owell M.D.		1 5			
PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA				orell, M.D.		1 Penn Stree	t, Balto.	MD 212	01
F 4 8	(SPECIFY)	REMATION, REMOVAL			ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y 57	ATE
		Burial	9/4/79	Oak Law	n Cemetery	Baltimor	e,Baltin	nore, M	D
17 E (5))		Duda			051		Eigh A	Rest	
M 7/76	/92	Wise Ave	enue, Dur	ndalk, MD	21222 SE	P 5 1979	111111111111111111111111111111111111111	- Outling	

THE DESIGNATION OF THE PARTY OF THE REAL PROPERTY OF THE PARTY OF THE - STATE

REGISTRAR

BALTIMORE COUNTY 12e. USUAL OCCUPATION 17h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ACHER AGRICULTURE 105GROVE W. BIRD TERWILLIGER. 1532 S. ROLLING ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH me NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (exc) opinion death occurred on the date and haur and Iram the causes stated 22c DATE SIGNED STAFF DIRECTOR | PHYSICIAN [CLARION PA. CLARION FISHER CEMETERY REMOVAL BURIAL 08-21-79 24 FUNERAL DIRECTOR BALTO. MD. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL 21229 DHMH-16 20M (VRA 15, 4) 7/78 HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

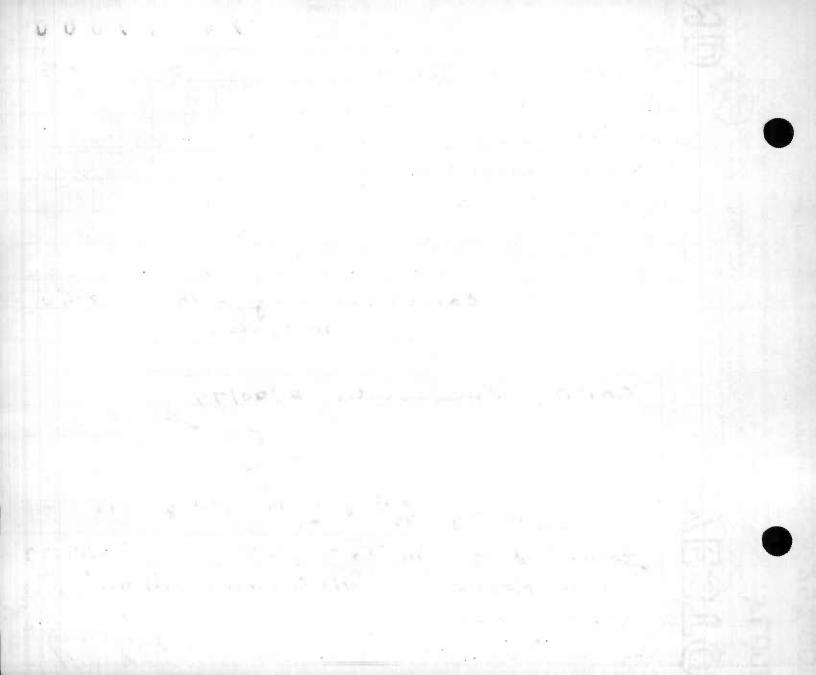
26 HOUR

HOURS

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME a. DATE KNOWN 7h HOUR DAY TYPE OR PRINT OF ESTI-FUNERAL DIRECTOR 5 FOR YOUR FILES 3. SEX 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED White 8/14/1912 Male 67 DEAD YRS 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Maryland U.S.A. Baltimore County WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS. or industry
Ship Bldg. 3009 Dunleer Road por most of working LIFE)
Draftsman Dundalk USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. Maryland Dundalk 3009 Dunleer Rd. NO X 21222 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE David Dutrow Thomas, Sr. Williams Mary Elizabeth 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES! John P. 6 Gary Lane Thomas 213.07.7699 No Wallingford, Pa. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, VARDED TO THE CAGE 3 SHOULD BE YES [] NO M BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK NOT WHILE CITY OR TOWN COUNTY STATE STATE DIRECTOR:
WITH THE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Suicide Hamicide Undetermined manner PAGE 4 SHOU TO FUNERAL DAFTER DEATH, DATE DEATH, SIGNED EXAMINER'S NAME | CROSSAN 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 8/27/1979 Druid Ridge Cemetery Pikesville Balto Md. BP. 24. FUNERAL DIRECTOR **DHMH - 17** Walter Brooks Bradley Inc. Dundalk Md. (VR A15 ME (5)) 15M 7/77

AUGUST TOTAL STUDIO

STATE	OF	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF I	DEATH	REG. NO)	3.1	-1	100	
DECEASED NAME	FIRST		MIDDLE	1	LAST			MONTH	DAY	YEAR	2b. HOU	IR P
(THE OKTAIN)	Dolore	S	E.	THOI	RNHILL			8	20	79	10:5	55 M
I. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY)		DERIYEAR	IF UNDER	
Female		Wh	ite	MONTH 8	11	29	50	YRS	MONTH	S DAYS	HOURS	MIN
a BIRTHPLACE (STATE	OR FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8	D X NEVER	MARRIED [9 BALTIMORE CITY O		TY OF D	EATH		
Marylan		U.	S.A.	WIDOWE		VORCED	Baltimore	e Cou	inty			MD.
Rossvil		II. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET Klin Sq	IG HOME (ADDRESS) Uare	Hospi	tal	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWI	F WORKING	LIFE) 12	B KIND O	F BUSINE	SSOR
JSUAL RESIDENCE (IF	136 COUN	OTHER INSTITUTION	1, GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS					
Maryland FATHER'S NAME	Balt	timore	Dundal	K	YES 🗌	NO 🔀	7812 Meat	h Re	oad			
FIRST		IDDLE	LAST			FIRST	MIDDLE		97	LAST		
Anthon	4		Ehgarte			ina	I.	5/		Newt		
60 WAS DECEASED E		WAR OR DATES)	16b SOCIAL SECU		17 INFORMA			⁵⁹ 781		leath		
No			214-26-	9873	Frank	W. Th	hornhill- cardial in	Bal	to.	MD		222
Conditions, if gove rise to cause io 1, sunderlying conditions of the cause io 1, sunderlying conditions of the cause io 2 and a cause io 2 an	ony, which immediate tating the ause lost	DUE TO, O (b) DUE TO, O (c) ONDITIONS C	R AS A CONSEQUE	NCE OF	NOT RELATED	TO THE TERMI	NALDISEASE OR CONE 200 AUTOPSY? YES X NO	20b. IF YI	IVEN IN	I PART 1(a	IGS USED	H?
OR CONTRIBUTION	CAUSE OF DEAT	"	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	, PART 1 O	R PART 2)		
(IF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK	OT WHILE T		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	NO	CITY OR TOW	7	cc	YTAUC	ST	ATE
saw the dec	reased alive an _ re) (did) (did not	view the bady			DEGREE	(aur) opinian d	to 8/20, death accurred on the do	F		fram the c		ated
22d PHYSICIAN	Rubio.	PRINT)			22e ADDRES	S	lin Square I	74-	,	0/	20//	5
20 BUDIAL CREAMATE	ON DEMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR		23d LOCATION	71.146				
(SPECIFY) Buri	al	8/24					Raltimon	o D	COUNT		STA	MI

MD

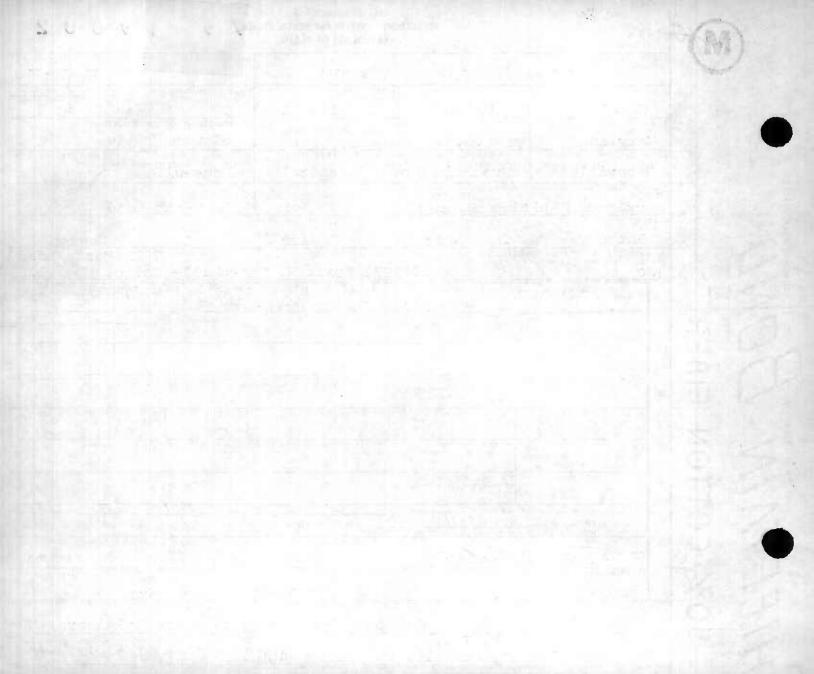
DHMH - 16 50M 1/76 (VR A 15 (4))

74 FUNERAL DIRECTOR Duda-Ruck, Incappress 7922 Wise Avenue, Dundalk,

BP.

TO HOSPITAL

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the



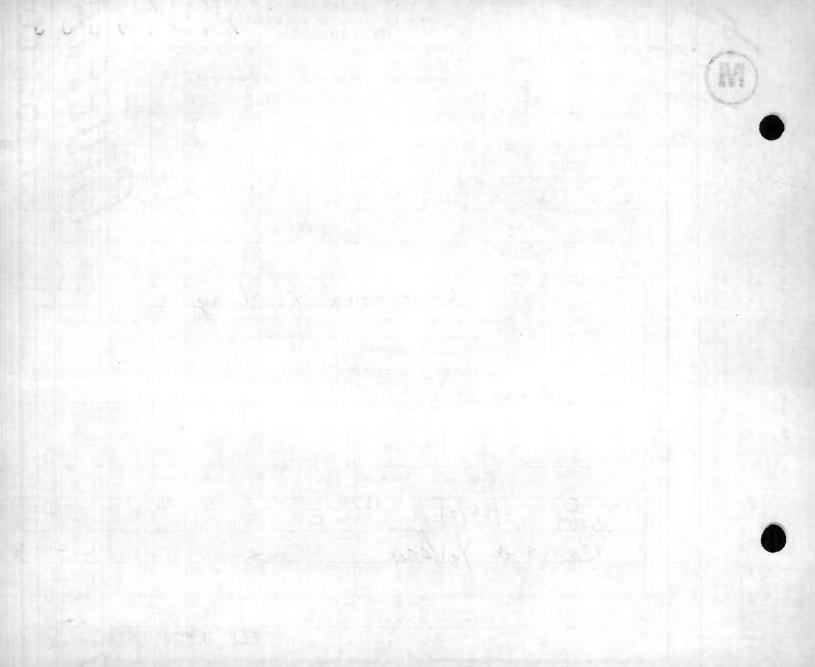
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

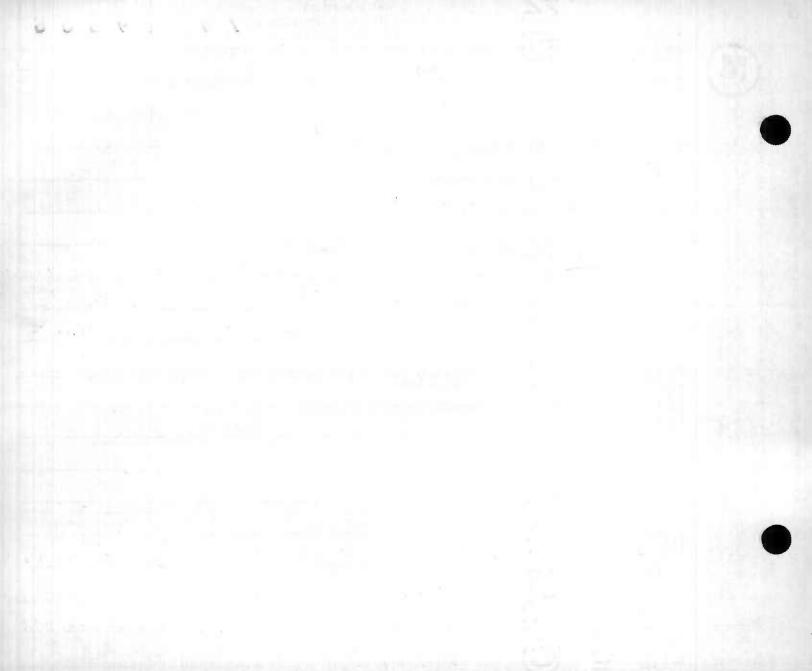
(VR A 15 (4))



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2a. DATE KNOWN (TYPE OR PRINT) TINGLER, JR. Franklin Ballard DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS Mar. 13,63 LAST BIRTHDAY) 16 YRS W M In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! USA Germany Baltimore County WIDOWED [DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

OCH Raven Reservoir FOR MOST OF WORKING LIFE)
Student OR INDUSTRY Balto., Co. School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 132. 136. INSIDE (ITY LIMITS? | 136. STREET ADDRESS YES X NO 3010 Loch Raven Rd. 21218 Md. Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Kelly Ballard Franklin Patricia Tingler, Sr. Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 332 Stemmer's Run Rd. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 218-86-3126 Mrs. Patricia A. Bland no 18 CAUSE OF DEATH (Enter only one couse per line for (o), to and (c).) APPROXIMATE INTERVAL WEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER, NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TO PLACE OF INJURY (AT HOME. STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held Autopsy Inspection . and in my opinion Notural couse Suicide __ Momicide / Undetermined monner EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, N MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell 7501 York Rd. Balto., Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 8-8-79 Moreland Mem. Pk. Baltimore, Co. Maryland 24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SINATURE **DHMH - 17** VR A15 ME (5)) 4905 York Rd. Balto., Md. 15M 7/77

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	one is the S. C. and S. C.	Asset Asset Market State Co.	ch y
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Item 18

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IMPORTANT: If Hem 21 should be detoched with the State Dept.

CERTIFICATION

MEDICAL

FOR 1 STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDUSTRY

HOUSEWORK

LAST

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
I. DECEASED NAME (TYPE OR PRINT)	nelia	Trimmer	AUGUST 11 1	DAY YEAR	26. HOUR +: 53 PMM
3. SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
FEMALE	WHITE	JAN. 4 1914	65 YRS.	MONTHS DAYS	HOURS MIN.
7a BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
N. 9.	0517	WIDOWED DIVORCED	BALTIMORE	COUNT	Y MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND C	F BUSINESS OR

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON HOSPITAL .JOSEPH ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 130. STATE

RALTIMORE

(IF YES, GIVE WAR OR DATES)

In WAS DECEASED EVER IN U.S. ARMED FORCES

13d INSIDE CITY LIMITS? NO [

13e. STREET ADDRESS 17213 WHITELEY IS MOTHER'S MAIDEN NAME

(TYPE OF WORK FOR MOST OF WORKING LIFE)

HOUSEWIFE

MD FATHER'S NAME

(YES, NO OR UNKNOWN)

NO

TRUBELHORN 147 05 7087

MONKTON

MMER MONKTON, MO 21111 17 INFORMANT

	y one couse per line for (a), (b), and (c),) BY: CAUSE (a)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 Kerry
Conditions, if any, which	DUE TO, OR AS CONSEQUENCE OF I		10 min
gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF		s yr
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

2 (01	1	meumonia.
E OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORA

21b. TIME OF INJURY

HOUR A.M.

DAY YEAR

NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 21

MONTH P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

(our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

OURSTEA

221 Certify that (1), (this hospital) attended the deceased from

22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 740

23a. BURIAL,

21g. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

OR CONTRIBUTING TO CAUSE OF DEATH

NOT WHILE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

PA

BP

HOSPITAL FUNERAL

DHMH - 16 50M 7/77 (VR A 15 (4))

0

1706,15,1979 WASHINGTON Le roman - Mitchell-Wiedefeld, sinc. 10 W. Padonia C. o Scott B. Emig, N. Queen St. Dover, Pa. 250. DATE REC'D.

YORK BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	NEL STEEN	-311 Am.3
THURSON THORITALE	A20.	LAX TR
LAN STUDY IN	IATIGROT MORROT. TR	HOSHOZ
OF TREESEN WILLIAM STEEL FOR	· Wanter Burker	a Lam
N A GW E & W	4.958.2359491	
Carry Strong Palametra	14102 3067 PBH	68

PLOUPSERR

CORTAL CONTRACTOR SERVICULTAR CONTRACTOR NAME OF THE PROPERTY OF THE PROPERTY

3 4	1	- STATE REGISTRAR			FICATE OF DEATH	REG. N	1 9	0 1	9 7
(Ba)	1. DE	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
, (101)		DOROT			JRNER		8 30	79	6:00F
9 5 V	3 SE	× Female	4 RACE White	5 DATE	OF BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	MDER I YEAR	IF UNDER 24 HRS
Pog I dire	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	T COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY C		DEATH	
Jun 72		N. J.	USA	WIDOW		TOWS	N - Bal	to. Co	ounty «
by the fullilled with	10 C	TOWSON	11. NAME OF HOSP HE NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) CHARLES	OR OTHER INSTITUTION GBMC STREET	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Bookkeepe	OF WORKING LIFE)		F BUSINESS O
filled in could be must be	13a	ALRESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13t	residence before admission CITY OR TOWN TOWSON	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 211 Wild		2	
mpletely ond 2 sh	200	ATHER'S NAME Arle	MIDDLE	Wilkins	15 MOTHER'S MAIDEN NA		100	/atlac	r Ck
be execut		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	8-01-9352	17 INFORMANT	ADDR	ESS		
ote b ysicro opers vol		18 CAUSE OF DEATH Enter of	nly one couse per line f					APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
ph on p emo ever			TE CAUSE (0)	CEREBRAL	HEMORRHAGE			36	
quires that the signed by the hen please rer to burial, crem ijury, or ather	NC	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)		TNOT RELATED TO THE TERM			IN PART 110) ·
n. hos been permit. T ne prior ws ony it	CERTIFICATION	19a DATE OF OPERATION		FOR WHICH OPERATION		200 AUTOPSY?	206 IF YES, WIN CERTIFYIN	G CAUSES	NGS USED OF DEATH?
physicio physicio physicio physicio pl-tronsit tol Hygie im 18 sho		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR	21c. HOW INJURY OCCUR		_		140 []
er this cer the buric and Men	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDING or OS Aft for use os of Health		224 I certify that (I) (this hasp	outol) ottended the dec	0 19 79	08/29 19 79 ind that in (my) (our) opinion	deoth occurred on the d	. 19	79.	thot (1) (we) la
by the hosp by the hosp ERAL DIREC be detoched to Stote Dept.		22b. INGNATURE	Rosen Ill	deoth.	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN (L)	30 a	144
ro Hospita retoined by 1 TO FUNERal should be de with the Stot	1	DR. NATHAN	OR PRINT)	UM	GREATER B			L CEN	NTER
5 £ 5 £ ¥ ₹	23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		PNTY	STATE
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HMH - 16 60M 1/75 (VR A 15 (4))		uneral director	Ba	to., Md.	250 DAT	FP 6 1979	25b. REGISTER	S, SY WELL	Reads

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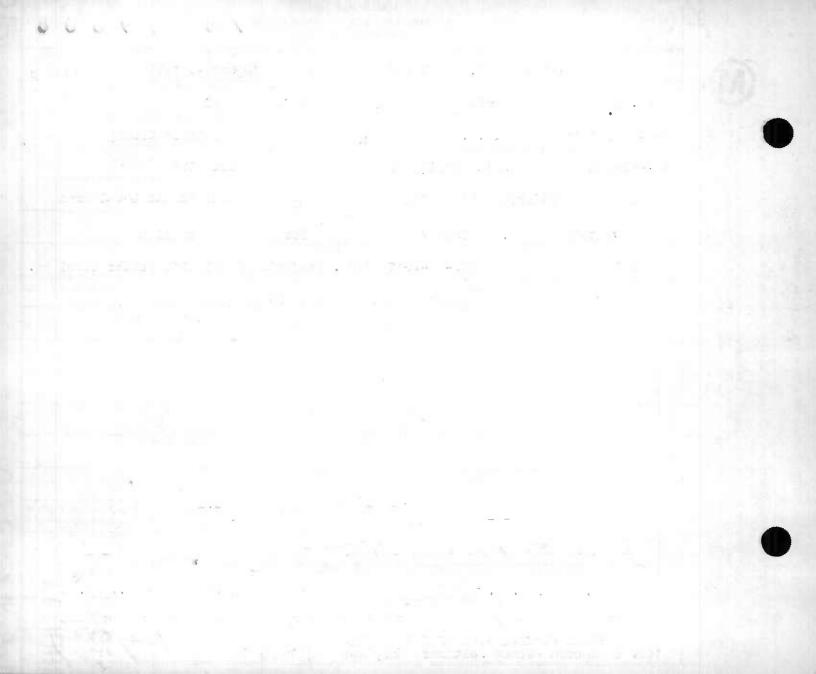
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DHMH-16 20M (VRA 15, 4) 7/78

	FOR			DEBAI		E OF MARY	rland D mental hy	CITAL #1			13. 53		^
1 -	- STATE REGISTRAR			DEPAI		ICATE OF		GIENE /	REG. NO.		9 0	U	Ö
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(iiii	OR PRINT)	KATHL	EEN '	Γ.	TWIGG			August	4, 1	1979		5:4	DM DM
3. SE	х		4 RACE		5. DATE C		9649	& AGE (IN YEAR	S LAST BIRTHO		ONTHS DAY		ER 24 HRS
	Female		Wh:	ite	Septe	mber	28 1896	8	2	YRS	DNIH3 DAI	3 HOURS	Mas.
7a. B	RTHPLACE (STATE OR FO	OREIGN 18	76 CITIZEN OF V		Y? & MARRIE WIDOWE		R MARRIED C	Baltimore Bal		COUNTY C			MD.
1111	atonsville		11. NAME OF H	OSPITAL, NUR FACUTY, GIVE SIR NUTSI	SING HOME C	OR OTHER IN	STITUTION	12a. USUAL OC (TYPE OF WORK FO HOUS				OF BUSII	NESS OR
USU 13a	AL RESIDENCE (IF NURS STATE aryland	Bal	OTHER INSTITUTION,	PIKESV		134. INSIDE	CITY LIMITS?	130 STREET AP	2 ^{RE} Scc	tts L	evel	Road	
14. F/	ATHER'S NAME FIRST Steph		MIDDLE B.	Thomp	son	15 MOTHE	R'S MAIDEN N			llan	ų)	LAST	
	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFOR			ADDRES				
	No			220-40	-0913	Mrs.	Benjam	in Siege	1 831	2 Sco		OXIMATE INT	
NO	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediate ig the lost	(b) DUE TO, OF	R AS A CONSEC	DUENCE OF	NOT RELAT	ED TO THE TER			UN RNO		1(0)	
TIFICAT	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PER	FORMED	200 AUTOPS	40 ☐	20b. IF YES, IN CERTIFY YES	ING CAUS		ATH?
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE		M. MONTH	DAY YEAR	21c. HOW	INJURY OCCU	RRED (ENTER NATUE	RE OF INJURY	IN ITEM 18, PAR	RT 1 OR PART 2)	
MEDIC	21d INJURY OCCUR!	HILE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCA STRE	TION	C	ITY OR TOWN	ı	COUNTY		STATE
	22a I certify that (I) sow the decease above. (I) (we) (c) 22b. SIGNATURE	ed olive on	2 7	19	79 01	nd that in (m	ny) (our) opinio	n death accurred of	on the dot				
	A PHYSICIAN IS A	A 445	,			22e ADDE	PHYSICIAN	DIRECTOR [0-0	-/7	
	james E.	Nowe	. N. D.			413		ealth Av		Balt	o., 1	d. 21	1228
(BURIAL, CREMATION, SPECIFY) Burial		8/8/7	9	Kride	ers Ce	R CREMATORY	23d. LOCATI CITY OR TO	cmini	ster	Mary	land	STATE
24. F	UNERAL DIRECTTZ 1630 Edmon	KE FL dson	NERAL H	OME OFess Baltimo:	CATONSV re Mary	/ILLE		JG 7 19		in Message	AS / Flore	Militaria	1



requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burnol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

be rigified of once.

Ser must be

injury, or other troumatic event, the medical examinations

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

	1 -	FOR STATE REGISTRAR		DEPARI	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATI		ENE 9	1 9	ũ	0 9	
		CEASED NAME FIRST		MIDDLE		AST	1632	20. DATE OF DEATH	AONTH DAY	YEAR	26 HOUR	2
		MARY		Γ.	TW	OHIG	The Co	AUSUST 8	, 1979)	1:3	OAM
d	3. SE>	X	4 RACE		5. DATE O		AR	6 AGE (IN YEARS LAST BIRTH	IDAY) IF U	NDER I YEAR	IF UNOER :	24 HRS
		Female	White			-1912		67	YRS			
0		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? B MARRIEI	NEVER MARRIE	ED 🔯	9 BALTIMORE CITY OF				
	W	. Virginia	U.S.	Α.	WIDOWE			BALTIMO		INTY		MD.
3		OWSON	(IF NOT IN SUC	HEACILITY, GIVE STREET JOSEPH	T ADDRESS)	TAL	DN	120 USUAL OCCUPATION OF WORK FOR MOST OF Nurse		126. KIND O INDUSTRY	F BUSINE	SS OR
7	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIA	AITS?	13e. STREET ADDRESS		7		
5	Ma.	ryland Tows		Baltim		YES NO		818 Stev	enson	Lane		
	14 FA	THER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIL	EN NAM	E MIDDLE		LAS	ī	
Ž.	D	ennis	1	Twohig		Cather	rine			briff	in	
	(Y	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? WAR OR DATES)	166 SOCIAL SEC 219-22		A A	Ars.	Margaret Stevenson	R. Gi	lorda 212	nett	i
	TION	Conditions, if ony, which gove rise to immediate couse io, stoting the underlying couse last. PART 2. OTHER SIGNIFICANT (DBY E CAUSE (0) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	RAS A CONSEQUENT RAS A CONSEQUENT RIBUTING TO	ERIOS UENCE OF DEATH BUT		HE		SE ITION GIVEN	IN PART 1(
)	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES □ NO ■	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	OF DEATH	H?
		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY (OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)		
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	7 0	COUNTY	STA	TE
		220.1 certify that (this haspi sow the deceased alive on above, (X (we) (did) (X (X)	AUGUS	degrosed from 19	79 . on	nd that in (M) (our)	79 opinian de	to AUGUS:	7, 19		that (K (w	
		22b. SIGNATURE	ton	to m	フ -	DEGREE ATTENE PHYSIC		MEDICAL STAF		22c. DAJE	SIGNED	
	18	22d. PHYSICIAN'S NAME (TYPE O				22e. ADDRESS						AI.
4		VINCENT NO	CORANG	ELO MD		7620 Y	ORK	RD. TOWS	ON, MD.	21	204	
	230. B	BURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	cou	JNTY	STA	TE
		tombment	8-10	-79 I	Lorra			Baltimor		rylar		
		eonard J. Ruc	k, Inc	. 5305	Harfo		AUG	0 9 1979	Sb. RECISTRAR	- / /	resoly	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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ADDRESS

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FOR

REGISTRAR

24 FUNERAL DIRECTOR

DSEPH L. RUSS

DHMH-16 20M

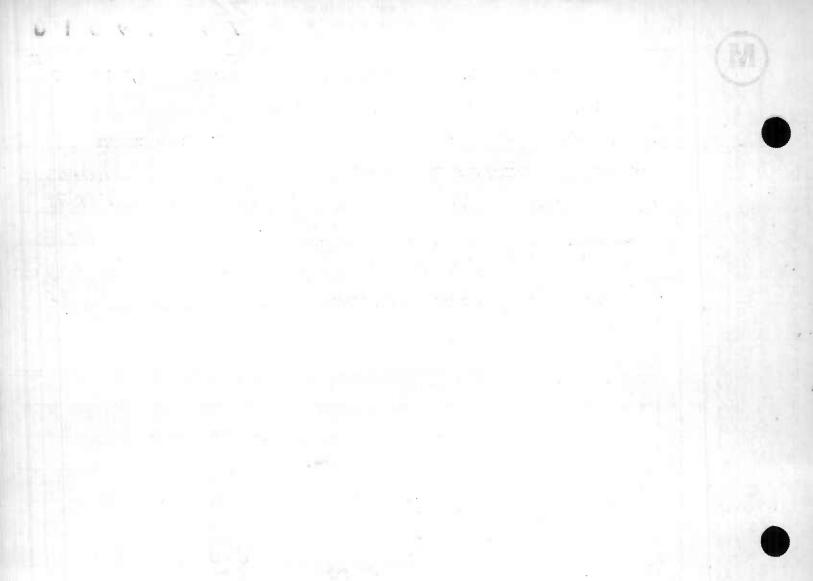
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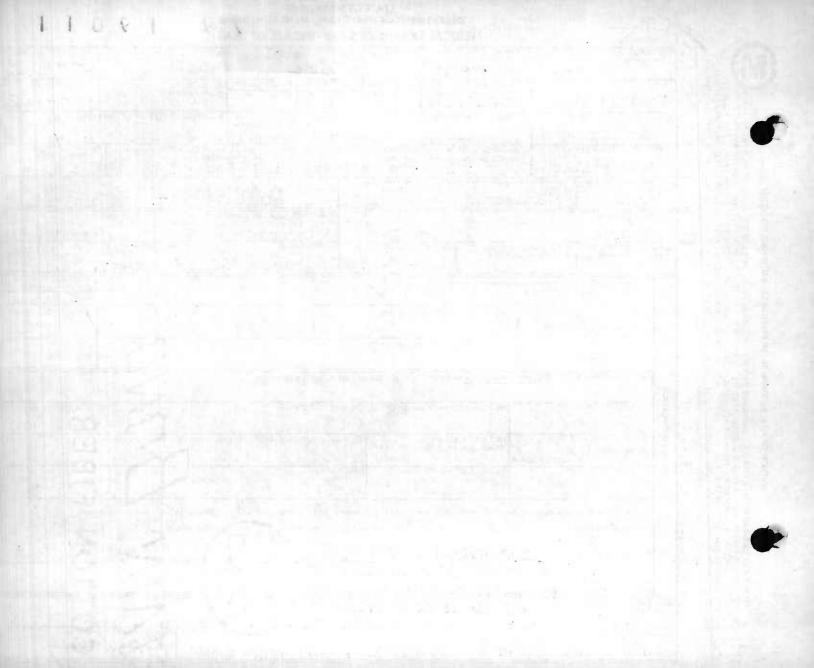
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26. HOUR 57 MIDDLE LAST 2a DATE OF DEATH MONTH DAY YEAR AUGUST 1979 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE 17h KIND OF BUSINESS OR 12e USUAL OCCUPATION (DIPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TARNENER 13e STREET ADDRESS MIDDLE ADDRESS 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN

> TOWSON MARYLAND 21204 COUNTY

> > Ha. DATE REC'D. BY REGISTRAR 25b. BEBISTRAR'S SIGNATURE



STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO DECEASED NAME Clara Uebel 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White Female Jan 17,190 74 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X USA Maryland WIDOWED [DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 301 in such facility, Give street address)
5 Baltimore Catonsville Housewife National Pike Home VITAL RECORDS, 13. STREET ADDRESS Ba. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Catonsville Balt. National Pike NO X YES [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST FORM P. Uebel Staubitz George Catharine DIVISION OF ADD 5939 Linden Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-48-2136 Catharine Walker Dorsey, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) OF HEALTH CERTIFICATION USED AS 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 ARDED TO THI HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion BALTIMORE, MARYLAND, death resulted from: Notural couses Accident Suicide Homicide Undetermined manner DATE ARTS BUILDING EXAMINER'S NAME NATIONAL ADDRESS (TYPE OR PRINT) MOR B232 SAME PACEMETERS OF GREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23h DATE COUNTY STATE Burial Meadowridge Mem Elkridge BP Howard 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) MacNabb Funeral Home Catonsville, Md. 30M 7/73



BP. DHMH - 16 50M 7/77 (VR A 15 (4))

		FOR			DEPART		E OF MARYLAN EALTH AND ME		IENEZ O		9 0	1 2
	1.	STATE REGISTRAR					ICATE OF DE		REG. N		, 0	1 6
		CEASED NAME OR PRINT)	FIRST		MIDDLE	L	AST				DAY YEAR	2b. HOUR
	(IIII)		CATHER	INE	Α.	UNG	ER	L AT		08	01 79	PM
1	3 SE	х	4.	RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
		FEMALE		WHIT	E	08		87	91		MONTHS DAYS	HOURS MIN
6		IRTHPLACE (STATE OR FOR	REIGN 76	CITIZENOF	WHAT COUNTRY?	8.	D NEVER MA	PRIED	9. BALTIMORE CITY		OF DEATH	
35		MARYLAND		U.S.	Α.	WIDOWE		RCED	BALTIMORE	COUNT	Y	MD.
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oe -	USU.	AL RESIDENCE (IF NURSIN	G HOME OR OT	THER INSTITUTION			21221		HOMEMAKI	ar.		
35	13a S	ARYLAND	3P CONT.	IMORE	ENGLISH			10 🕅	13e STREET ADDRESS 2815 ROSE	E AVEN	UE, 212	227
E A	14. F#	ATHER'S NAME	MIC	DOLE	LAST	CONSUL	15 MOTHER'S A	ST	WIDDLE .		LAS	ST
\$131	111	JOHN	07310	V toble	LEIS:			GUSTA			MI	INTE
dico		VAS DECEASED EVER IT	U.S. ARME		166 SOCIAL SECT	JRITY NO.	17 INFORMAN		ADDR			
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umofic event,		18 CAUSE OF DEATH PART I. DEATH WA 4340 Conditions, if ony,	MMEDIATE	CAUSE (0)	RAS A COMSEQU	al c	Three	nho	ais		10	Menu 4
injury, or other troumotic	NO	gove rise to imme couse (a), stating underlying couse PART 2. OTHER SIGN	the lost.	(tc)	R AS A CONSEQU		NOT RELATED TO	O THE TERMI	nal diséase or con	DITION GIV	'EN IN PART 1(01
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morked or Item 18 shows ony		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, P	'ART 1 OR PART 2)	
rked or I	MEDICAL	21d INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE 🗇	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE.
21 is		220.1 certify that (I) (sow the deceased above, (I) (we) (di	d alive on	70,000	13 10	14 12	d that in (my) (o	19. <u>70</u> ur) opinion o	to Heart on the d	13, ote and hou		that (I) (we) last couses stated
MPORTANT: If Hea	8	Much	14/2	emle	win	0	DEGREE ATT PH	ENDING L	MEDICAL STA		22c. DATE	SIGNED 9
APORTA		MORRIS W	THE RESERVE		M.D.		22e ADDRESS 3913	HOLLIN	S FERRY ROA	\D	3/	
≤	23a. E	BURIAL, CREMATION, R SPECIFY) BURIAL		23b. DATE 08-04			DON PAR	EMATORY	23d LOCATION CITY OF TOWN BALTIMON		COUNTY MA	ARYLAND
7		UNERAL DIRECTOR NAME BBARD FUNE	RAL HO		ADDRESS	2	1229 ENS AVE.		REC'D. BY REGISTRAR	236 REG 151	my Sel	rody

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	1.	FOR		DEPART		E OF MARYLAND HEALTH AND MENTAL HY	GIENE	1 0	0	,
_	1	- STATE REGISTRAR				FICATE OF DEATH	REG. N	10.	U	1 3
(BE)		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
CAN		MARGAE				RNER	0		79	6:45P
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unerol of hin 72 h	5	MARYLAND	U	SA	WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY O			M
by the fur filed with	0	BALTIMORE	6701 N	HOSPITAL, NURS IN CHEACILITY, GIVE STREET L CHARL	ADDRESS)	OR OTHER INSTITUTION GBMC TREET	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE	OF WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
ould be	5 13a.	AL RESIDENCE (IF NURSING HOME OF STATE) 176 COU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	EADMISSIONI	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 702 N. KEN	WOOD AV	Æ.	
I and 2 shall accompled		JOHN PE	TER	COOK		LOUISE	AME	REI	SFNER	ST
ond col	16a \	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR		212	
Poges medico	1	NO	TO THE OR DATES	213-74-7	403	MASONIC HOME	ES OF MD. 22	5 N. CH	IARLES	ST.
no is been signed by the attending on been signed by the attending permit. Then please remove corbine prior to buriol, cremotion, are as any injury, or other traumatic	CERTIFICATION	Underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CO	NGEST1V	E HE	NOT RELATED TO THE TERM ART FAILURE N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDI	NGS USED S OF DEATH?
ental Hygiene frem 18 shaws	ER C	210 ACCIDENT WAS UNDERLYING	7 216 TIME C			21c HOW INJURY OCCU	YES NO RED (ENTER NATURE OF INJU	YES [NO 🗌
Vental H	7	OR CONTRIBUTING CAUSE OF DE	7111	M. MONTH D.	AY YEAR					
alth and Me marked ar II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
of He		22a. I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	attended the	B 02 19	79。	$07/28$, 19 79 and that in (\underline{my}) (aur) apinion		de and haur ar		that (I) <u>(we)</u> lost causes stated
(AL DIREC detached ote Dept. VT: If Item						ATTENDING	MEDICAL STA	FF CIAN []	22c. DATE 08/	02/79
to FUNERAL should be detributed by the Store with the Store		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS				
should be detr with the Stote		DR. S.P. G				GREATER BA	ALTIMORE M	EDICAL	_ CEN	ITER
	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	OUNTY	STATE
·	24 54	BURIAL UNERAL DIRECTOR	AUG.	4.1979 PA	RKWOC		PARKVILLE TE REC'D. BY REGISTRAR	BAL 25b. REGISTRA		MD.
16 60M 1/75 A 15 (4))		ITCHELL-WIEDEFE	LD HOME	6500 YOR	K R		AUG 0 7 197	9	K S SIGNAL	McCready

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OR ATTENDING

HOSPITAL

FUNERAL DIRECTOR. etoined by the hospitol

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DHMH - 16 50M 1/76

(VR A 15 (4))

should be detoched with the State Dept.

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	REGISTRAR ECEASED NAME FIRST	MIĎI	D. E.	LAST	REG. NO.	DAY YEAR				
	PE OR PRINT)									
3 SI	Irene	T4 RACE		IATSON E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	14 79				
3 31	Female	B1k	MOM		63	MONTHS DAYS				
0	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH	MARR	RIED W NEVER MARRIED	Baltimore City or Coun					
	Balto. Co.	11. NAME OF HO		E OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Domestoc	12b. KIND OF				
	JAL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIV			2524 Sycamore	Avenue				
14 F	Fred Parker	MIDDLE	LAST	Fannie Si	ngle MIDDLE	LAST				
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16	SOCIAL SECURITY NO.		son 2524 Sycamo	re Ave.				
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Cardiac arrest									
	Due to, OR AS A CONSEQUENCE OF Colon with intact anastamosis. Conditions, if any, which (b) Status post colon resection for adenocarcinoma									
			S A CONSEQUENCE OF		liver and peri	toreum				
	gove rise to immediate cause a' stating the underlying cause last	(_(c) Me	tastatit ta	T C THOMA CO CHE						
NOI	cause as stating the underlying cause last	(6)			INAL DISEASE OR CONDITION (GIVEN IN PART 1(a)				
TIFICATION	cause as stating the underlying cause last	CONDITIONS CON		UT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	VES, WERE FINDING TIFYING CAUSES O				
MEDICAL CERTIFICATION	cause a stating the underlying cause last. PART 2 OTHER SIGNIFICANT	196. CONDITIONS CON-	TRIBUTING TO DEATH BUTTON FOR WHICH OPERATI	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c HOW INJURY OCCURR	20a AUTOPSY? 20b. IF Y	YES, WERE FINDING TIFYING CAUSES O YES [

276. SIGNATURE

Exi3

BRIL,

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated

22d. PHYSICJAN'S NAME (TYPE OR PRINT) 22e ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Square Drive 23d. LOCATION

COUNTY STATE Randallstown, Md.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial BP. 24 FUNERAL DIRECTOR

IMPORTANT: If Item 21 is

James A. MOrton & Sons1701 Laurens Street

8/18/79

23b. DATE

King Memorial Park | 250 DATE REC'D. AUG1

Palte, Co. Franklin Sn. eveltal Commenter Prince ist. Balto. Pégonero x . 2514 Syconord Avenue rigate stone Tred Larier Correct C. Hetser 0704 Steenend Lyans burish S/13/79 Ming Mercrick Pork Bredallstonn, Md. Junes A. Horron & Horselffol Laurens Street

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH' REGISTRAR FIRST DECEASED NAME 2a. DATE KNOWN P (TYPE OR PRINT) OF ESTIeon DEATH MATED 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d. HOUR PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE (STATE OR Th CITIZEN OF NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS 4Dishwasher Resterant SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE ESIDENCE BEFORE ADMISSIONAL 13g STATE 134 COUNTY 3c. CITY OR TOWN 13d. INSIDE CITY-LIMITS? 13e STREET ADDRESS NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANDDES MIDDLE LAST Riddick Ida ... B. L. George Watson 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Penna. Ave (YES, NO, OR UNKNOWN) 237-3031 Apt. 512 Mrs. Jessie M. Watson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line fax (a), (b), and (c). PART I DEATH WAS CAUSED BY non allivatic IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO P 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 228. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes death resulted fram: Suicide Hamicide Undetermined manner ACTUAL TO FUNERAL LA AFTER DEATH, BALLIMORE MA SIGNATURE CONRADO FERRERO 8-24-1979 Burial Mt. Auburn Cemetery Baltimore City Maryland 24. FUNERAL DIRECTOR DHMH - 17 Herbert E. Nutter 3035 W. Noeth Ave. (VR A15 ME (5))

15M 7/76

STATE OF MARYLAND

Presidential and the state of t

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner must be natified at ance.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENET

	1 -	STATE REGISTRAR			DEFARIA		ICATE OF D		, ,	EG. NO.	7	0	Ö	
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR	
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ď,	3. SE)	K		4 RACE		S. DATE C		YEAR	6. AGE (IN YEARS)	AST BIRTHDAY)	IF UN	DER I YEAR	HOURS A	_
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		RTHPLACE (STATE C	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER M	ARRIED	9. BALTIMORE	ITY OR COU	NTY OF I	DEATH		
5		ARYLAND		U.S.	Α.	WIDOWE		ORCED [BALTIMO	ORE COU	NTY			MD.
	10 CI	TY OR TOWN OF I	DEATH		HOSPITAL, NURSIN		OR OTHER INSTI		12a USUAL OCC			2b. KIND C	F BUSINES	5 OR
0		ARBUTUS			SHELBOUR		AD		RAILWAY			_	R.R.	
	USUA 13n S		JURSING HOME OR		GIVE RESIDENCE BEFORE		113d INSIDE CI	TV LIANITS2	13e. STREET ADD	RESS		PSof 1		
E		RYLAND		TIMORE	ARBUTUS			NO X		HELBOUR	NE R	ROAD,	21227	7
		THER'S NAME				7/27/1		MAIDEN NAM		DDLE	1705	LAS		
21		JOSEPH		AIDDLE	WEIGM	AN		MMA	MI	DOLE		HO		
1	16a W	VAS DECEASED EV	ER IN U.S. ARA		166. SOCIAL SECU		17 INFORMAN	I P.O.	BOX 343	ADDRESS				
	(4	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	705-05-	7847	JOSEPH	M. WEI	GMAN, CI	ROTON O	N TH	IE HUI	SON, N	1.Y.
		Conditions, if a gove rise to couse (a), steunderlying co	immediate ofing the use fast	1 101_	R AS A CONSEQUE	INCE OF	lege	rel .	ax					
	NO	PART 2 OTHER S	IGNIFICANT C	ONDITIONS	ONTRIBUTING TO D	DEATH BUT	RELATED	icy PERMIT	CALC.	CONDITION	GIVEN	NPARIT)	
7	CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY				OF DEATH	?
1		21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DEA	21b. TIME C HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE			OR PART 2)		
	MEDICAL	WHILE NO	T WHILE TWORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATIO	N	cm	Y OR TOWN	c	COUNTY	STAT	E
		sow the deci	eased alve an	5	e deceased from	· 4 . 01	nd that in my	, 19 <u>615</u> our) opinion d	, to eath occurred or	the date and	, 19 hour one	/	tho (1) (we	
		228. SIGN	e) (did) (did not) view the body	Eugl	m	P	TTENDING HYSICIAN [2]	MEDICAL DIRECTOR []	STAFF PHYSICIAN [224. DATE	SIGNED	19
		224. PHYSICIAN'S	NAME (TYPE OF	PRINT)	1		22e ADDRESS					7		/
		JOHN C.	HEALY,	M.D.					AVENUE		MORE	, MD	2122	7
		BURIAL, CREMATIC	ON, REMOVAL	23b. DATE			PARK CE		23d. LOCATIO		cou	MA.	RYIAN	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 256. DATE REC'D. BY REGISTRAR 258 HE DISTRAR'S SIGNATURE AUG 1 0 1979

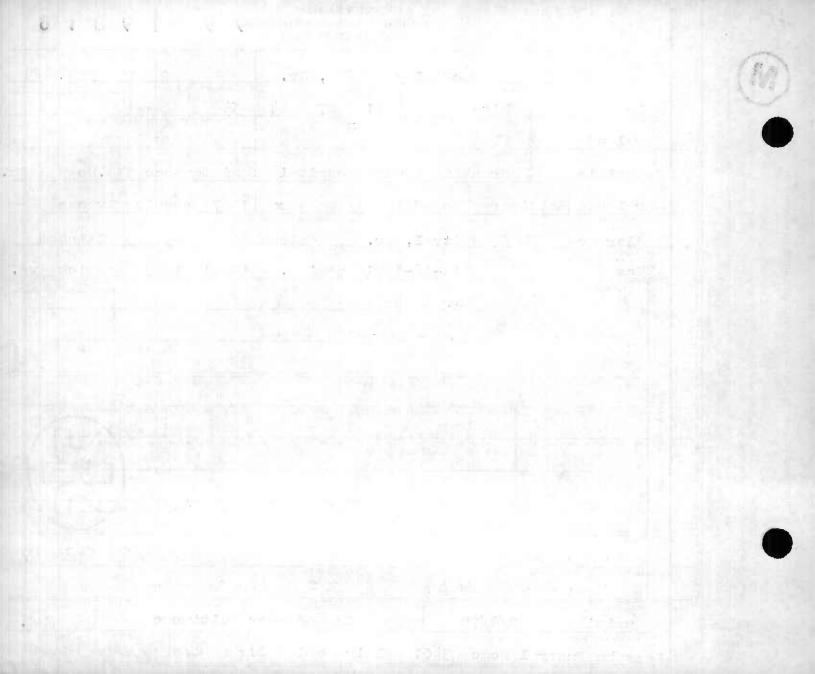
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1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 1 7
1	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	011
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN DY MO	INTH DAY YEAR 26. HC
(1	OF ESTI-	7-7-79 0
3. 5	SEX 14. RACE 15. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MOI	19 3 TO YEAR 2d. HO
	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	
L	PERMALE I WIN I TE I ED. 10, TOYO ON.	UNTY OF DEATH
	FOREIGN COUNTRY) MARRIED NEVER MARRIED	
10	Maryland U.S.A. WIDOWEDXX DIVORCED Baltimore C	
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
HIG	Randallstown Old Court Nursing Home Housewife	
130	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136, COUNTY 136, CITY OR TOWN 138, INSIDE (ITY LIMITS? 130 STREET ADDRESS	
	aryland Balto. City Balto City YESK NO 714 S. Grundy	St. 21224
14.	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE	LAST
L	Henry Weis Anna Utz	
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAME and Mrs. 478 fp S	
1	No none 212-10-1969D4006 Villa Nova Rd. 21	207
F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVA
	PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Parcina ma of Sygnicial Color	BETWEEN ONSET AND DE
	1523 (DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, it any, which gove rise to immediate (b)	
	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z		
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
FIG		YES NO
1 2	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1-	
1	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STAT
	AI WORK AI WORK	
	220. I certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and in m	ny opinian
	death resulted from: Natural causes . Accident ., Suicide ., Hamicide	
	ACTUAL (SPECIFY)	
-	SIGNATURE COURS & ELLED 49. M.D. DEPLOT MEDICAL EXAMINER SI	ATE 3-879
2	EXAMINER'S NAME	2
	(TYPE OR PRINT) CONRADO FERRERO ADDRESS 5550 BOLLS NTI.	ike 2122
230	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE .
	District 0/10/70 Desilers 3.0 Desilers 3.0	Maryland
24.	FUNERAL DIRECTPROFING Byers Funeral Directors 125 PAJAREC'D. BY REGISTRAR 1256 RESTRA	R'S SIGNATURE
	728 Liberty Road Randallstown, Md. 2113 30G 1 0 1979	Nak. 1.

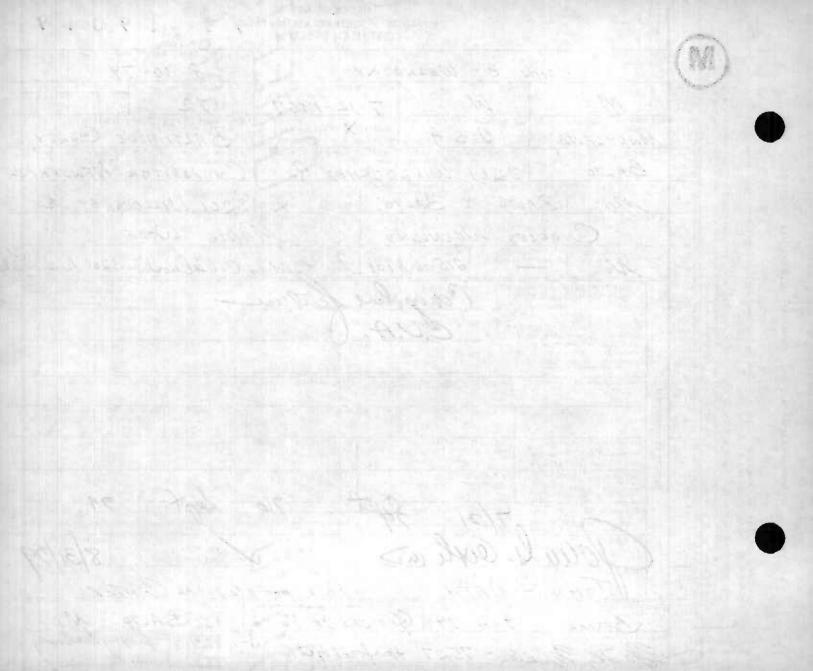
STATE OF MARYLAND

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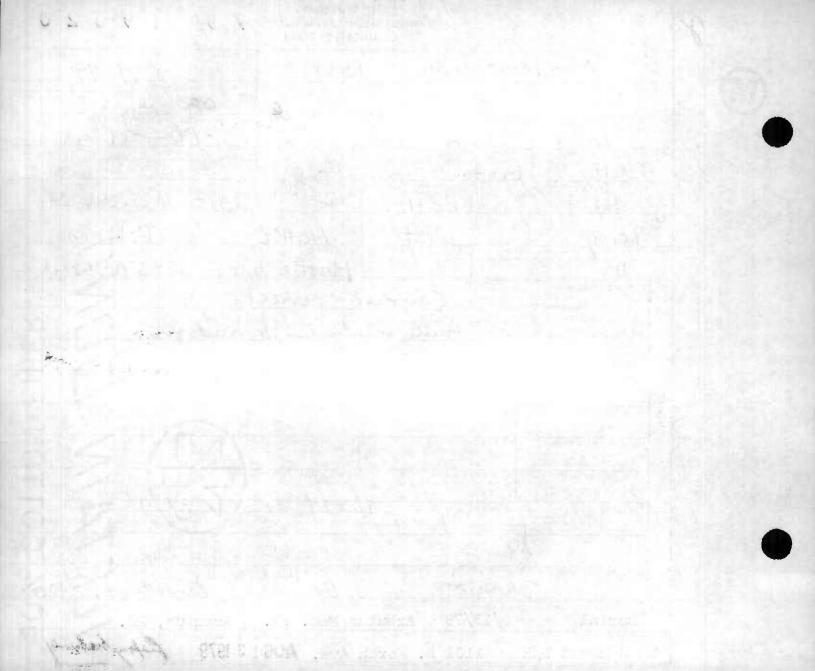
	١,	FOR		DEPARTA		OF MARYL	AND MENTAL HYG	IENE 9		4	9 0	1	8
	'	STATE REGISTRAR			CERTIFI	CATE OF I	DEATH		REG. NO).			7
	1. DE	CEASED NAME FIRST		MIDDLE	LA	ST		2a DATE OF	DEATH "	HINON	DAY Y	YEAR	26 HOUR
0		Clare	nce	M.cKinle	y WEI	ZEL.	Jr.		8	3 3	30	79	10:20 M
i i	3. SE	X	4. RACE		5 DATE O	FBIRTH	YEAR	6 AGE (IN YEA	RS LAST BIRTH	IDAY)	IF UNDER		IF UNDER 24 HRS
	M	ale	White		11	27	24	54		YRS			Mint.
ice.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER /	MARRIED	9 BALTIMOR	E CITY OF	COUNT	Y OF DEA	TH	
:35		aryland	USA		WIDOWE		VORCED [timor		ounty		WE
Ly Tiffied		OSSVille	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, IKLIN SQ1	ADDRESS)			12a USUALO (TYPE OF WORK)	OR MOST OF	WORKING L	LIFE) INDL	JSTRY	n & Co
be	USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION							.00	122.0	1100	11 00 00
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20.30		FIRST	WIDDLE	LAST	G		FIRST		MIDDLE		~	LAST	1
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medical			, GIVE WAR OR DATES)	218-18-				oi tro1	15	07 1	Doco	rri o	k Ave.
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event, the		18 CAUSE OF DEATH Enter PART I, DEATH WAS CA	LISED BY	Cardio-re							86	TWEEN ON	NSET AND DEATH
y, or other traumotic		gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, C	OR AS A CONSEQUE		NOT RELATED	O TO THE TERM	INAL DISEASE	OR COND	DITION GI	IVEN IN PA	ART 1(p)	1
ny injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TO							PSY?	20b. IF YE	ES, WERE	FINDIN	GS USED
shows o	TIFIC	I was a second of the second o							ио[Х	IN CERT			NO [
9 mem 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A		YEAR	21c. HOW IN	IJURY OCCURI	RED (ENTER NATI	URE OF INJURY	Y IN ITEM 18.	, PART 1 OR P	ART 2)	
ō	MEDICAL	21d INJURY OCCURRED	117110110	OF INJURY REET, FACTORY, OFFICE, F	APM FTC \	21f. LOCATION STREET	ON		CITY OR TOWI	N	COUN	VTY	STATE
morked	2	WHILE NOT WHILE T	(ST NOME, 31	men, raciost, office, f									2,,,,,
21 is	27a.1 certify that (1) (this hospital) attended the deceased fram 8/29/, 19 79, to 8/30/ saw the deceased alive an 8/30/, 19 79, and that in (my) (our) opinion death accurred an the date obove, (1) (we) (did) (did not) view the body after death.								te and ha	, 19 <u>79</u> our and fro		hat (I) (we) las	
T. If Item		276. SIGNATURE Le	DEGREE M-D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF										
IMPORTANT: I		22d. PHYSICIAN'S NAME (T	PPE OR PRINT)	M.D.		22e. ADDRES		lin Squ	are [9		
IMPORTANT	23a.		INE	23c. N		9000		23d. LOCAT	ION	Orive	COUNTY		STATE Md.



STATE OF MARYLAND

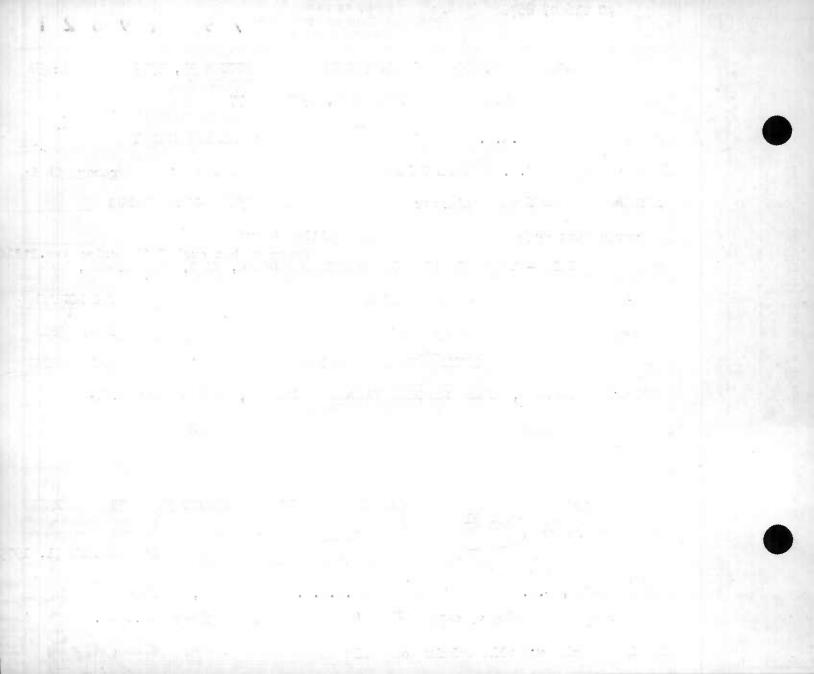


0	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	REG. NO.
N	(TYPE	EASED NAME MARGARET.	M. WEST	DATE OF DEATH MONTH DAY YEAR 26 HOU
N)	3 SEX	1- B	MONTH DAY YEAR	AGE (IN YEARS LAST BIRTHDAY) WINDER 195-0F MODES BALLIMORE CITY OR COUNTY DE DEATH
The state of	cc	D.C. US	MARRIED NEVER MARRIED WIDOWED DIVORCED SPITAL NURSING HOME OR OTHER INSTITUTION	JUSUAL OCCUPATION 125 KIND OF BUSINE
55	PUSU/	Batto. IF NOT IN SUCH F. LI RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OR TATE 113b/COUNTY 113	. Co. Gen. Hosp.	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
te politica 35		THER'S NAME	BOHO, 13d INSIDE CITY LIMITS? 13	2315 Rosedale St.
d comple	16a V	FIRST MIDDLE VAS DECEASED EVER IN U.S. ARMED FORCES? 16 ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	West Mattie B SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS GOLD FING
to the the	(Y	(IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per lin	Mattie Li	bst 2315 N. Rosedo APPROXIMATE INTER BETWEEN CHISET AND
that the death d by the attend nable remark a al, cremation, c		Conditions, if ony, which gove rise to immediate	ACONSEQUENCE OF SCHOOL SECULIARY SEC	audoni.
ugne o bur o bur	z	PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART 1(0)
hat been signed to provide the party of the	TIFICATION		TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	200 AUTOPSY? 206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT
SICIAN: The law requirement of physicians certificals has been signed and-transit permit Their phenolic Heart Bylanes procent to burning them 18 shows any injury.	ICAL CERTIFICATION	19a DATE OF OPERATION 19b CONDITION 21a, ACCIDENT WAS UNDERLYING	DN FOR WHICH OPERATION WAS PERFORMED NJURY MONTH DAY YEAR 19	200 AUTOPSY? 206 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT
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vitending Pr spital or atten CTOR. After the for use as the of Health and of 21 is morked.	1000	19a DATE OF OPERATION 11a. ACCIDENT WAS UNDERLYING 21b. TIME OF I HOUR A.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE NOT WORK 22a.1 certify that (I) this haspital) saw the deceased alive an above, (I) (we) (did) (did not with the boxyster)	NJURY MONTH DAY YEAR 19 216. HOW INJURY OCCURRED 19 216. HOW INJURY OCCURRED 19 216. HOW INJURY OCCURRED 19 217. LOCATION 18 TREET 19 2	200 AUTOPSY? 206 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ITAL OR ATTENDING PP by the hospital or often RAL DIRECTOR: After th defacthed for use as the detacthed for use as the state Dept. of Health and NT: If them 21 is marked!	1000	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (I) this haspital) saw the deceased alive an above, (I) (we) (did) (did not him. the body of the contribution	NJURY MONTH DAY YEAR 19 216. HOW INJURY OCCURRED 19 217 218 LOCATION 5TREET 19 29 4. and that in (my) (our) apinion decorated that the control of the c	200 AUTOPSY? YES NO NO YES NO COUNTY CITY OR TOWN To NO NO NO NOTION NO N
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STATE OF MARYLAND

XC 216 07 8676



Mitchell-Wiedefeld Home 6500 York Rd. 21212

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VRA 15(4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

DAY

IF UNDER 1 YEAR

INDUSTRY

Law

Wall

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

8/10/79

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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2b. HOUR

12h, KIND OF BUSINESS OR

12:30 A

IF UNDER 24 HRS

CERTIFICATE OF DEATH

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	ity Parkway.	23041401011			

FOR

ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	0	
		CEASED NAME FIRST E OR PRINT)	М	IDDLE	L	AST	20 DATE OF DEATH		EAR 26 HOUR P.
		Da	isy]	W:	iles		August	29, 1979	6:30 M
	3. SE	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		
		Female	White		Marc	h 6, 1895	84	YRS	DAYS HOURS MIN
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	□	9 BALTIMORE CITY O		тн
36	C.	Maryland	U.S.A		WIDOWE	DIVORCED X	Baltimore	County	MD
	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 KI	IND OF BUSINESS OR
55		Randallstwon	Baltimo		enera	1 Hospital	Housewife		STRY
35	130 5			Hacily or town Baltimo		134 INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS 8805 Pike	sville Rd	
	14 FA	ATHER'S NAME	WIDDLE	LAST	110	15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST
130		Samuel	WIDDLE	Kenda	11	Isabell	ALC:	Bowma	
7		WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	APAR .	5 Pikesvi	
	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	203-10-87	777 T	Mrs. J. H. L	eCompte Bal	timore M	d. 21208
		Canditians, if ony, which gave rise to immediate cause (o), stating the underlying cause last	(b)	AS A CONSEQUEN					
	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT I(a)
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
9	AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M	MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 1B, PART T OR PAI	RT 2)
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, FAI	RM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNT	TY STATE
		22a.1 certify that (1) (this had sow the deceased alive above, (1) (wet (did) (die	on 8/29	79 19		d that in (my) (ewr) apinion (to 8729 Adeath occurred an the do	79, 19 ate and haur and from	, that (I) (we) lost m the couses stated
		22b. SIGNATURI	10			DEGREE			DATE SIGNED
ŀ		The	reten)		ATTENDING PHYSICIAN	MEDICAL STAF		8/29/79
ᄀ		224 PHYSICIAN'S NAME (TH	PE CAMERITY	-		22e ADDRESS			town, Mc
7		N. J. Sure:	ia. M. D.			Baltimore C	o. General	Hospital	

231. NAME OF CEMETERY OR CREMATORY

Harbaugh Church Cem.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT: If them 21 is morked or them 18 shaws any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbonpope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

> 24 FUNERAL DIRECTOR ADDRESS 10 Waynesboro, Penna.

9/1/79

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

197

23d LOCATION CITY OR TOWN Rouzerville

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Franklin

Penna.

The self-mark a father in irrans. Committed and allowing The fact the series of the ser Alleman Ilbania The company of the co e de dine. . E. A. D. Essapsia. Di suolicias de la constanta de la constanta de la constanta de la constanta d

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) EVELYN M. WILLIAMS August 14, 1979 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE MONTH YEAR Female Caucasian 05 - 03 - 2170. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED Baltimore County I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Towson Greater Baltimore Medical Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b COUNTY 13e STREET ADDRESS Md. Balto. Lutherville 11206 Ridgeway Ave. South 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hetrick Herbert Agnes 11206 Ridgeway Ave. South 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-16-5735 Lee H. Williams Lutherville, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcinoma of head of pancreas DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED ă and Mental Hygiene 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ferm MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a. I certify that X (this hospital) attended the deceased from August 13 79 sow the deceased alive on August 14 above, X (we) (did) (XXXXXV) when the body after death DEGREE ATTENDING MEDICAL Should be detoo MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Charles C. Brown, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE August 14 .19<u>79</u> and that in (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN XX 8/14/79 6701 N. Charles St., Baltimore MD Lorraine Park Cemetery Woodlawn, Balto., Md. Burial 17,1979 24 FUMERAL DIRECTOR REGISTRAR 25b. REGISTRAR'S SIGNATURE Owings Mills. Md.

STATE OF MARYLAND

DHMH - 16 50M 1/76 (VR A 15 (4))

MONTH

2b HOUR

12b. KIND OF BUSINESS

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24. FUNERAL DIRECTOR Duda-Ruck, Incaporess

7922 Wise Avenue, Dundalk,

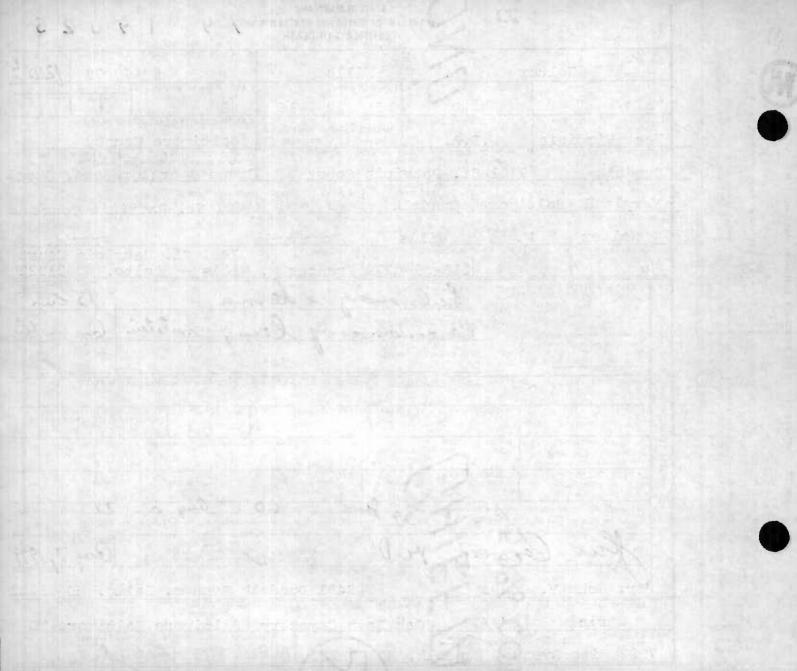
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME LAST 2a DATE OF DEATH 7h HOUR 8 79 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR ETINDER 24 MR DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Crane Operator Beth. Steel 13e. STREET ADDRESS St. Patricia Court MIDDLE Frazier 7401 ASPESS Patricia Court 213-09-0279 Frances M. Wills -Balto. MD 21222 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 3401 Dundalk Avenue, Balto. MD 21222 23d LOCATION COUNTY STATE Burial Oak Lawn Cemetery Baltimore, Baltimore, MD

21222

MD

BP DHMH - 16 50M 7/77 (VR A 15 (4))

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	4			STAT	E OF MARYLAND				
18	1	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HYG	IENE 9	19	0 2 6	
1		CEASED NAME FIRST	MIDDLE	Nage S	LAST	2a DATE OF DEATH	MONTH DAY	YEAR 25 HO	JR .
1		DAVI	D		ILSON		08 30	79 10:	00%
	3 SE	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DAYS HOURS	R 24 HRS
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E		BALTIMORE	6701 N. CI	HARLES	GBMC STREET	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		26 KIND OF BUSIN NDUSTRY	ESS OR
must be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OTHER INSTITUTION, GIVE RESIDEN. NTY 134 CITY O Balt	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1214 W	inston	Avenue	- 99
	14_F.	ATHER'S NAME FIRST Reese	Wilson	ist 1	15 MOTHER'S MAIDEN NA/ FIRST Louise	ME	10	ight	
medicol		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIA	L SECURITY NO.	Olia Wilso	on 1214	Winsto	on Ave.	
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er troumotic ev		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF					
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		22c.1 certify that (I) (this hosp saw the discessed of a obove, (I) (will (d.)) that in		70	/28 , 19 / 9 and that in (my) (our) opinion of	to 08/	ote and hour and	d from the couses st	
IMPORTANT, If them		27k SIGNATURE	1		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN 🔏	08/30/7	
MPORTANT		DR. L. POL			GREATER BA	LTIMORE M	EDICAL	CENTER	
]	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	8/5/79		emetery or crematory at. Mem. Pk.		the same of the sa	NTY ST	TATE
/75		UNERAL DIRECTOR NAME On C March F/	'H 1101	E. Nor	th Ave. SEP	EREC'D, BY REGISTRAR	France	secry	٠, ٩

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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3. SEX Fer	male	4 RACE Whit	e	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	HOURS M
COUNT	PLACE (STATE OR FOR IRY) Tyland	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	Baltim	Y OR COUNT	Y OF DEATH	-
10 CITY C	ltimore		HOSPITAL, NURSIN		PROTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING L	LIFE) INDUSTRY	Postal
Mar Mar	ryland •	NG HOME OR OTHER INSTITUTION Baltimore	GIVE RESIDENCE BEFORE		VES NO X	13e. STREET ADDRE	ss		
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(185, N		N U.S. ARMED FORCES? (P YES, GIVE WAR OR DATES)	217-22-3		Bernard L.F	. Winter 43	00 Kol	b Aven	21 206
90	anditions, if any, owe rise to immi		Proposición Processido	de b	Preu	nonia	j sk	en:	
en un PAI	anditions, if any, one rise to imminute (a), stating derlying couse	which object to be districted to be dist	ONTRIBUTING TO C	Hy	Price	COS EMINAL DISEASE OR C	200 IF YE	ES, WERE FINDS	NGS USED
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DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 the

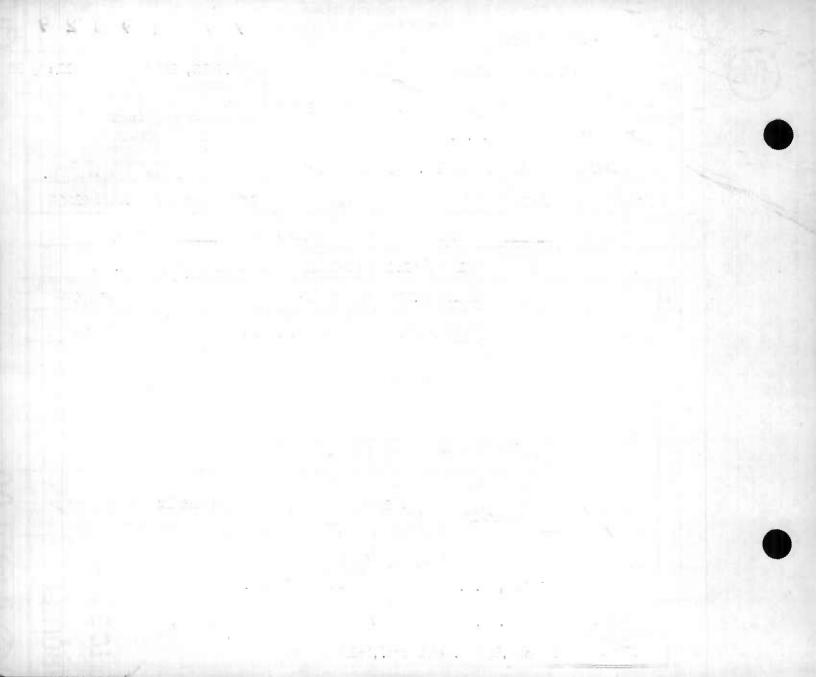
Baltimore, Maryland Holy Redeemer Cem. FUMERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE:

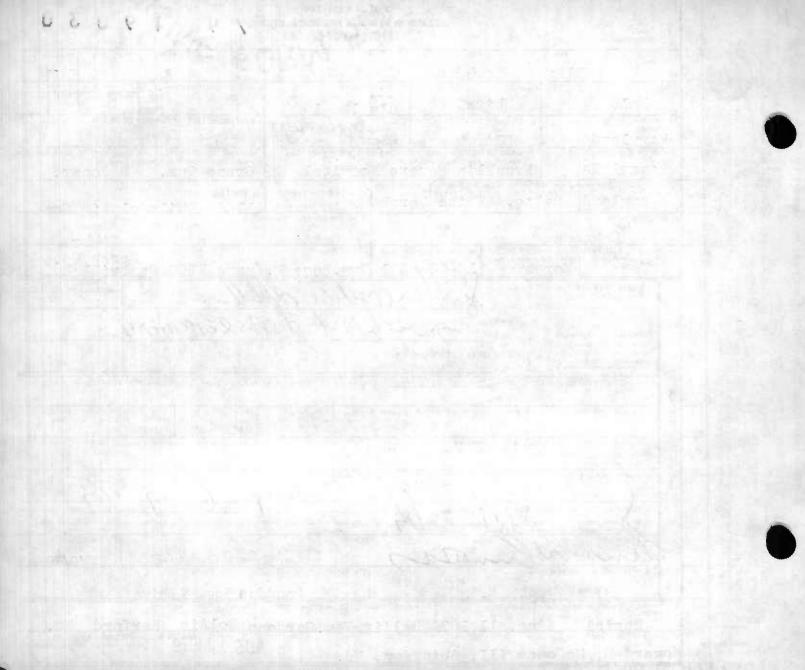
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STATE OF MARYLAND

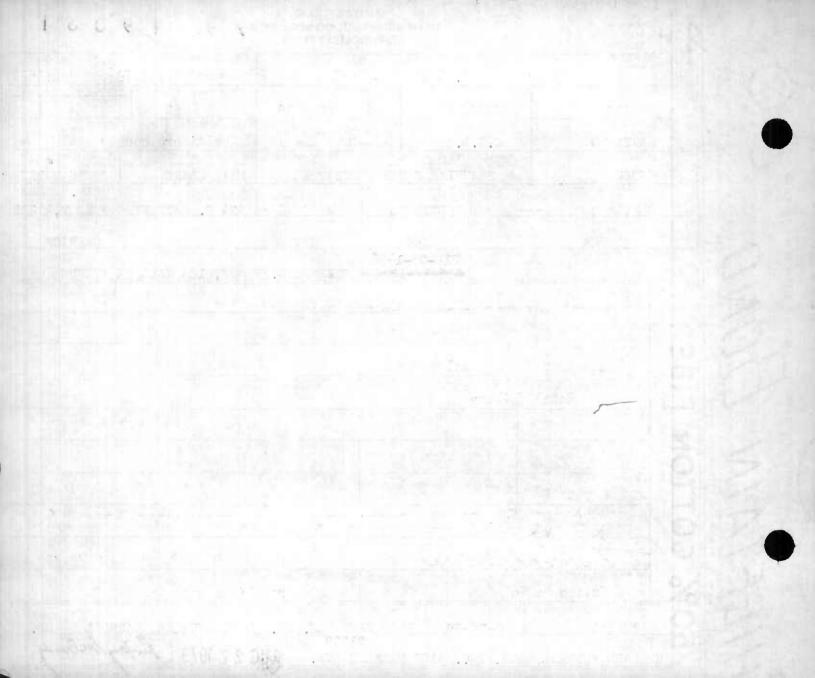
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





	DEC	STATE REGISTRAR EASED NAME FIRST		MIDDLE	CERTIFIC	ATE OF DEATH		REG. NO.		YEAR	2b. HOUR
death	TYPE	ETHE	Γ.	E.	ZABRI	ISKIE		August 24	. 1979		2:45P _M
3	SEX		4. RACE		5 DATE OF	BIRTH		AGE (IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
Hours of	F	EMALE	WHIT	CE	монтн 06	08 1		63	101010	THS DAYS	HOURS MIN
Ü		THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED [NEVER MARRIE	D 0 9 1	BALTIMORE CITY OF			
\$25	M	ARYLAND	U.S.		WIDOWED	DIVORCE	D 🗆	Baltimor			MD.
7"		S SEX	(IF NOT IN SUC	HOSPITAL, NURSING CH FACILITY, GIVE STREET A ANKLIN SQU	ADDRESS)		(17)	USUALOCCUPATION OF WORK FOR MOST OF WAIL CLERK	WORKING LIFE)	INDUSTRY	HOPKIN
2/1	SUA 30. S	L RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION]	3d INSIDECITY LIM	VITS? 113e	STREET ADDRESS		UNIV.	PRESS
5		ARYLAND		BALTIMOR	RE	YES X NO		534 S. CAT	HERINE	STREE	T.21223
PE 114	FA	THER'S NAME FIRST	WIDDLE	LAST	15	5 MOTHER'S MAID	ENNAME	WIDDLE		LAST	
10		PETER		REESE		KATI	E	ADDRES	6.6	CARR	.ICK
2	, {Y		ARMED FORCES?	1662121465CU	1450	7 INFORMANT					
1		NO		216-10-1		SUZANNE	C. WO	ODS, 104 W	VALLACE		
t, t	9	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per SED BY:	Sub-a vach	hnoid k	hemorrhag	10			BETWEEN	NSET AND DEATH
c event,		IMMEDI	IATE CAUSE (a)	Jub-araci	illo lu i	lemorriag	je				
Iraumatic		Conditions, if any, which	DUE TO, C	Hypertens	NCE OF						
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01100110			10)	RAS A CONSEQUE Scleroder							,
or ather		gave rise to immediate cause (a), stating the	DUE TO, O	Scleroder	rma	OT RELATED TO TH	HE TERMINA	al Disease or Cond	DITION GIVEN	IN PART 110	,
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.NT: If Hem 21 is marked or Hem 18 shows any injury, ar ather		gave rise to immediate cause and stating the underlying cause last PART 2 OTHER SIGNIFICAN' Rena 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK 22a. I certify that (this has saw the deceased alive obove. Weel (did) (ab)	DUE TO, O CONDITIONS C I failure 196 COND 216. TIME C HOUR A ER) 216. PLACE (AT HOME, ST AUG. AUG. AUG.	OF INJURY REET, FACTORY, OFFICE, FACTORY,	OPERATION TO AT YEAR 19 ARM, ETC.) PAUG OPERATION TO A TO	WAS PERFORMED 21c. HOW INJURY (21f. LOCATION STREET) 20 . 19. that in (1/4) (aur) c	79 apinion dea	200 AUTOPSY? YES NO X (ENTER NATURE OF INJUR CITY OR TOW to Aug. th accurred on the do	20b. IF YES, W. IN CERTIFYIN YES [YIN ITEM 18, PART	COUNTY 79 . the frame the country	GS USED OF DEATH? NO STATE that (we) lost causes stated
N.T.: If them 21 is marked an Item 18 shows any injury, ar ather		gove rise to immediate cause and stating the underlying cause lost. PART 2 OTHER SIGNIFICAN' Rena 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 27a. I certify that A thomas with deceased alive above. If we'll (did) (did) 27b. SIGNATURE	DUE TO, O C) I CONDITIONS C I failure 196 COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST and View the bod)	OF INJURY REET, FACTORY, OFFICE, FACTORY	OPERATION TO AT YEAR 19 ARM, ETC.) PAUG OPERATION TO A TO	21t. HOW INJURY (21t. LOCATION STREET 20 , 19- that in (10) (aur) of GREE PHYSIC 22e. ADDRESS	79 DING CIAN D	200 AUTOPSY? YES NO X (ENTER NATURE OF INJUR CITY OR TOW th accurred an the da MEDICAL STAF	20b. IF YES, W. IN CERTIFYIN YES [YIN ITEM 18, PART	COUNTY 79 , to 22c, DATE 5	GS USED OF DEATH? NO STATE hat **(we) lost causes stated SIGNED
WPORIANI: if item 2.1 is morked or item 18 shows any injury, ar arrier	MEDICAL	gove rise to immediate couse of stating the underlying couse lost. PART 2 OTHER SIGNIFICAN' Rena 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AT WORK AT WORK AT WORK (11 Certify that a couse, 12 Certify that a couse, 13 Certify that a couse, 14 Certify that a couse, 14 Certify that a couse, 15 Certify that	DUE TO, O CONDITIONS C T CONDITIONS C 19b COND 19b COND 19b COND 21b. TIME C HOUR A HOUR A ER) 21e. PLACE (AT HOME. ST) Attended th on on Attended th	OF INJURY REET, FACTORY, OFFICE, FACTORY	OPERATION OPERAT	21t. HOW INJURY (21t. LOCATION STREET 20 , 19- that in (10) (aur) of GREE PHYSIC 22e. ADDRESS	79 DING / CIAN E	200 AUTOPSY? YES NO X (ENTER NATURE OF INJUR CITY OR TOW th accurred an the do MEDICAL STAF DIRECTOR PHYSIC IN Square 23d. LOCATION	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18, PART IN ITEM	COUNTY 79 to define the country 22c. DATE \$ 8/2	GS USED OF DEATH? NO STATE hat K (we) lost causes stated SIGNED 24/79
with the State Dept-of Health and Mental Hygiene prior to burial, crem APORTANT: if them 21 is marked or Item 18 shows any injury, or ather	MEDICAL	gove rise to immediate cause and stating the underlying cause lost. PART 2 OTHER SIGNIFICAN' Rena 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATIVORK NOTIFY MEDICAL EXAMINATIVORK (TYP) CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATIVORK (TYP) COURTED WHILE AT WORK (TYP) COURTED WHILE COURTED WHILE AT WORK (TYP) COURTED WHILE C	DUE TO, O CONDITIONS C I failure 19b COND 19b COND 21b. TIME C HOUR A ER) 21c. PLACE (AT HOME, ST ATTENDED ATTENDED 21c. PLACE (AT HOME, ST ATTENDED ATTENDED ATTENDED 21b. TIME C AT HOME, ST ATTENDED ATTENDED	OF AS A CONSEQUE SCIETO DE SCIETO DE SCIETO DE STITION FOR WHICH OF INJURY AMONTH DA A.M. OF INJURY REET, FACTORY, OFFICE, F. A. Y ofter death.	OPERATION OPERATION AY YEAR 19 ARM, ETC.) DEATH BUT NO OPERATION OPERA	20 . 192 that in (aur) correct PHYSIC 220. ADDRESS 9000 F	79 ppinion dea DING / CIAN E	200 AUTOPSY? YES NO X (ENTER NATURE OF INJUR CITY OR TOW th accurred an the do MEDICAL STAF JRECTOR PHYSIC 1 Square 23d. LOCATION CITY OR TOWN	20b. IF YES, W. IN CERTIFYIN YES [YIN ITEM 18, PART A. 19. ate and hour of the and hour of t	COUNTY 79 , to define the county 22c. DATE \$ 8/2 237	GS USED OF DEATH? NO STATE hat **(we) lost causes stated SIGNED
with the State Dept of Health and Mental Hygiene prior to buriol, crem IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other	WEDICAL SECOND	gove rise to immediate cause and stating the underlying cause lost PART 2 OTHER SIGNIFICAN Rena 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINICATION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINICATION CONTRIBUTION CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF	DUE TO, O CONDITIONS C T CONDITIONS C 19b COND 19b COND 19b COND 21b. TIME C HOUR A HOUR A ER) 21e. PLACE (AT HOME. ST) Attended th on on Attended th	OF AS A CONSEQUE SCIETO DE SCIETO DE SCIETO DE STITION FOR WHICH OF INJURY AMONTH DA A.M. OF INJURY REET, FACTORY, OFFICE, F. A. Y ofter death.	OPERATION OPERATION AY YEAR 19 ARM, ETC.) PAUG. ODE NAME OF CEA	216. HOW INJURY OF THE PROPERTY OF CREMA 216. LOCATION STREET 20. 19. that in (10) (aur) of the physic 22e. ADDRESS 9000 F METERY OR CREMA FW MEM. P	79 DING CIAN C	200 AUTOPSY? YES NO X (ENTER NATURE OF INJUR CITY OR TOW th accurred an the do MEDICAL STAF DIRECTOR PHYSIC IN Square 23d. LOCATION	20b. IF YES, W. IN CERTIFYIN YES [YIN ITEM 18, PART 24 19. 24 19. 25 Ite and hour of the and	COUNTY 79 . to 22c. DATE S 8/2 237 UNITY ROLL	GS USED OF DEATH? NO STATE that (we) lost couses stated SIGNED 4/79



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impletely filled in by the funeral director and 2 should be filed within 72 hours of

ng physic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or remaval

TO HOSPITAL OR ATTENDING PHYSICIAN: The

injury, or other troumatic

IMPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND

	- STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	1 4 0 3 4
١	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
	VERONI	CA B.	ZACHARKO	AUGUST	29. 1979 9:10 am
	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
	Female	White	December 30,190	77	YRS. HOURS MIN.
5	Maryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR BALTIMOR	
2	10 CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SUCH FACILITY, GIVE STRE SAINT JOSEPH	HOSPITAL	17a USUAL OCCUPATION	
0	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 136, COU Maryland Ba	Trother institution, give residence before NTY imore Parky		13e STREET ADDRESS 1703 Or 1a	ando Road
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN FIRST	NAME	LAST
1	Phillip	Myszkowsl	ki Mary		unknown
	160 WAS DECEASED EVER IN U.S. A. {YES, NO OR UNKNOWN} (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 217-16-5		d Zacharko 180	S Berrywood Road
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	espiratory arrest	ecular dicase	α
			DEATH BUT NOT RELATED TO THE TE		
-	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
			DAY YEAR	URRED (ENTER NATURE OF INJURY	IN ITEM 18, PART OR PART 2]
	OR CONTINUOUS COLORED (IF EITHER, NOTIFY MEDICAL EXAMINER 11d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	
	22a.1 certify that (this hasp saw the deceased alive or above (we) (did) (ad)	on August 29 View the body of the death.	70	n death accurred on the dote	e and hour and from the causes stated
	176 SIGNATURE BULL	audez	DEGREE ATTENDING PHYSICIAN		
	22d PHYSICIANIS NAME (TYPE	ORPRINT) (\$ W. W. W.	อ. 220 ADDRESS	7620 York Road	d, Towson, MD 21204

BP.

DHMH-16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL BURIAL 236. DATE 9-1-1979

24. FUNERAL DIRECTOR

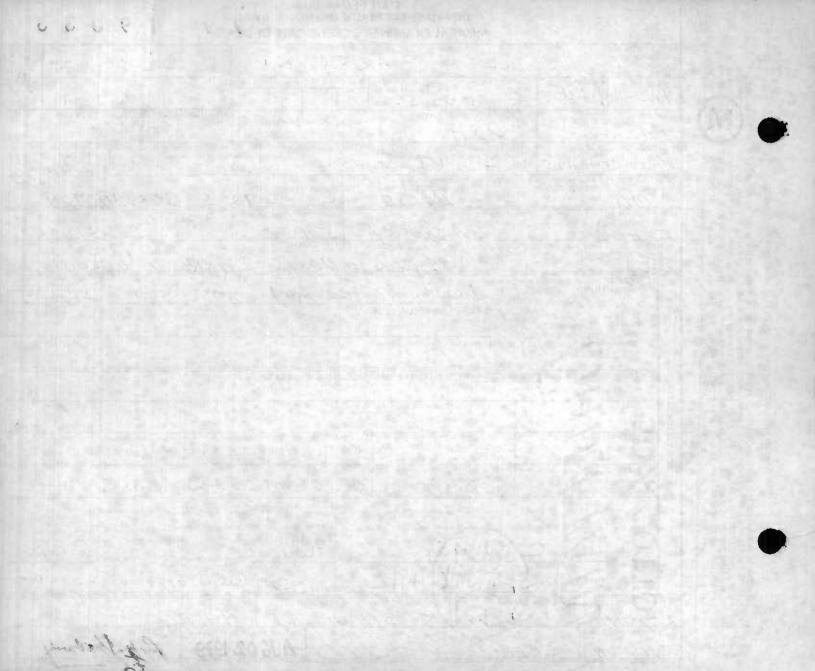
23c. NAME OF CEMETERY OR CREMATORY Mount Mortah maria 73d LOCATION
CITY OF TOWN
TOWSON,

Maryland

1050 York Road BY REGISTRAR 256. REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. Towson, Maryland

	INT, PENS	9508 - 1 Mas 10 Mas	T share T
M. P. M. P. SWOT			
Mirani emaza, Ent.		offivers secure	
			galitan
Societio 1002 nezajvood zi	barajen . zl	(mo-80-01-7.1)	0,7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 25 HOUR (TYPE OR PRINT) AKROSK OF ESTI-DEATH MATED 19/5, DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY PRONOUNCED 1979 56 YRS DEAD 7a. BIRTHPLACE (STATE OR 75. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE-GITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ORFIGN.COUNTRY) WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS WELDER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN T3a STATE 1136 COUNTY 13d. INSIDE CITY CIMITS? 13e STREET ADDRESS NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one cause per line for (a), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY JU mend DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US NO X YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH WARDED TO 21e MLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident X death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE. MEDICAL EXAMINER Below Red Boult 3212367 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REN 2 4 235 DATE 23d. LOCATION COUNTY STATE 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

65	0	119	1
7	U	3	-

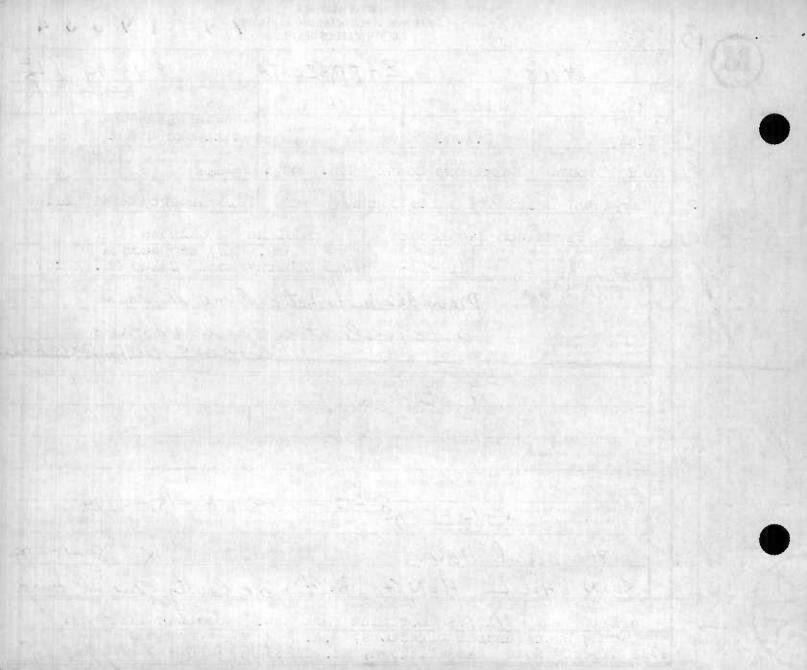
3	1	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.				
		CEASED NAME FIRST E OR PRINT)	MIDDLE	ZA	PACOSTA	20. DATE OF DEATH	8-15-10	2b HOUR
	3. SEX Male		White	5. DATE OF E	3/1894 YEAR	6. AGE (IN YEARS LAST BIRTHD		EAR IF UND
97	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED D	NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH Baltimore County		
tied of	10 CITY OR TOWN OF DEATH 11. NAME OF HOSE		(IF NOT IN SUCH FACILITY, GIVE STREET	L, NURSING HOME OR OTHER INSTITUTION		120 USUL OCCUPATION (1YE OF, WORK FOR MOST OF WORKING LIFE) Tailor MD 12b. KIND OF BUSINESS OR INDUSTRY		
35	130	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW 1timore Balto	Count	1 -	7815 Liber	ty Road	21207
2/3/	Francisco Zappacos							LAST
medico			RMED FORCES? 166 SOCIAL SECU 1 213-10			Mary 2009 Ly Road Ba		21207
r flem 18 shows ony injury, or other traumotic	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE UF ETHER, NOTIFY MEDICAL EXAMINER		AY YEAR	16. HOW INJURY OCCURI	YES NO	YES IN ITEM 18, PART 1 OR PART	NO []
morked or		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		STREET	CITY OR TOWN	COUNTY	STATE
MPORTANT: If Ifem 27 is n		saw the deceased alive of	eul Hong	DEC	hot in (my) (our) opinion GREE ATTENDING PHYSICIAN [2e ADDRESS	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	22c. D	T, that (I) (we) lost the couses stated
MPOR /	23a.	SOON CHE	LL HON	-/	Baltiner, ETERY OR CREMATORY	23d LOCATION 1	Cenera	(Hosp,
	1	Burial 8/18/79 Lorraine Park Mau. Woodlawn Balto Md.						

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Park P.A. 8728 Liberty Road Rand Directors, Randallstown, Md. 2113AUG

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE " CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 75. HOUR 1979 9:45 IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE COUNTY, 176 KIND OF BUSINESS OR Home Maker Own Home 215 Willow Ave. Howard Same as #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

COUNTY

and that in () (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

August 16,1979

Balto., Md.

24 FUNERAL DIRECTOR 1050 York Road 250 DATE REC'D. BY REGISTRAR 256 TRAR'S SIGNATURE DHMH-16 20M Ruck Towson Funeral Home, Inc. Towson, Md. 21204 AIIG (VRA 15, 4) 7/78

